

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90133 007 ***150.00

DOCUMENT # P97000023422

1. Entity Name
G.S. PROPERTIES, INC.



Principal Place of Business
**1851 EAGLE TRACE BLVD W
CORAL SPRINGS FL 33071**

Mailing Address
**1851 EAGLE TRACE BLVD W
CORAL SPRINGS FL 33071**



2. Principal Place of Business
11410 N.W. 56TH DR.

3. Mailing Address
11410 N.W. 56TH DR

Suite, Apt. #, etc.
APT # 106

Suite, Apt. #, etc.
APT # 106

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

Zip
33076

Country
BROWARD

Zip
33076

Country
BROWARD

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0749068

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STENFTENAGEL, GLADYS
1851 EAGLE TRACE BLVD W
CORAL SPRINGS FL 33071**

**11410 N.W. 56TH DR.
CORAL SPRINGS, FL
APT 106 33076**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
STENFTENAGEL, GLADYS
6674 NW 66TH AVE
PARKLAND FL 33067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**11410 N.W. 56TH DR. APT # 106
CORAL SPRINGS, FL 33076** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gladys Stenftenagel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03
Date

Daytime Phone #

CR2E034 (10/02)