

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90073 048 ***550.00

DOCUMENT # P97000036011

1. Entity Name
GLD, GROUP LONG DISTANCE, INC.



Principal Place of Business
9500 TOLEDO WAY
IRVINE CA 92618-1806

Mailing Address
9500 TOLEDO WAY
IRVINE CA 92618-1806

2. Principal Place of Business

1 Cavalier CT
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 534
Suite, Apt. #, etc.

City & State

Ringoes NJ

City & State

Ringoes NJ

Zip

08551

Country

USA

Zip

08551-0534

Country

USA

4. FEI Number 65-0747397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GROUP LONG DISTANCE, INC.
400 E ATLANTIC BLVD
FIRST FLOOR
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name Edwin F. Blanton
Street Address (P.O. Box Number is Not Acceptable) 825 Thomasville Rd
City Tallahassee FL Zip Code 32303

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOACH, GLENN S 9500 TOLEDO WAY IRVINE CA 92618-1806	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS STOCK, JAMES L 9500 TOLEDO WAY IRVINE CA 92618-1806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONRAD, JERRY 9500 TOLEDO WAY IRVINE CA 92618-1806	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Done Row 1 Cavalier CT Ringoes NJ 08551	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

215-411-7304

CR2E034 (4/03)