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APPROVED AND FILED

00 AUG 29 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041153

Name
GENERAL SALES SERVICES GROUP, INC

Place of Business: 801 ANCHOR RD. # 106, NAPLES, FL 34103

Mailing Address

Place of Business | 3. Mailing Address

Suite Apt #, etc | Suite Apt #, etc

City & State | City & State

Country | Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0840430 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

Ana C. Constante
801 ANCHOR RD. #106
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name

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

City | FL | Zip Code

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.

SIGNATURE: Ana C. Constante — 08/23/00

(Signature of a member of the Board of Directors or Trustees and the President) (NOTE: Registered Agent signature required where applicable)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE D NAME Ana C Constante STREET ADDRESS 801 ANCHOR RD #106 CITY-ST-ZIP NAPLES, FL 34103	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Pt. 11)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800003391218--1 -09/13/00--01041--008 ****300.00 ****300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ana C. Constante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Division of Corporations
P.O. BOX 6327
Tallahasse, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $300.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **GENERAL SALES SERVICES GROUP, INC .** Thank you for your courtesy in this matter.

Ana C. Constante

ANA C CONSTANTE
President