

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044694

1. Entity Name
GLPS INCORPORATED

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91004 049 ***158.75

Principal Place of Business
641 BRYN MAWR STREET
ORLANDO FL 32804

Mailing Address
PO BOX 593125
ORLANDO FL 32859



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5728 MASOR BLVD
Suite, Apt. #, etc.
Suite 165

3. Mailing Address
5728 MASOR BLVD.
Suite, Apt. #, etc.
Suite 165

City & State
Orlando FL
Zip
32819
Country
USA

City & State
Orlando FL
Zip
32819
Country
USA

4. FEI Number 59-3454752
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GAUGHAN, MICHAEL J.
1636 S. DELANEY AVE
ORLANDO FL 32806

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
5434 OLD OAK TREE DR.
Orlando
City FL Zip Code 32808

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.

SIGNATURE MICHAEL J. GAUGHAN 04/30/01
(NOTE: Registered Agent signature required when reinstating)

9. 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, 2001 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAUGHAN, MICHAEL J.		NAME		
STREET ADDRESS	PO BOX 593125		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32859		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: MICHAEL J. GAUGHAN 04/30/01 407-226-7280
Date Daytime Phone #

CR2E034 (10/00)