2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000067550** May 16, 2000 8:00 am Secretary of State **GVR CORPORATION** 05-16-2000 90104 003 ***158.75 Principal Place of Business Mailing Address 8118 TORTUGA LANE 8118 TORTUGA LANE BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436-1740 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0790300 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VITALE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 8118 TORTUGA LANÉ **BOYNTON BEACH FL 33436** 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. Dresident 4. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DTP Change ☐ Addition ☐ Delete TITLE TITLE VITALE, RICHARD NAME STREET ADDRESS 8118 TORTUGA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** Change ☐ Addition ☐ Delete TITLE TITLE VITALE, EUGENE NAME NAME STREET ADDRESS 8118 TORTUYA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Change ☐ Addition ☐ Celete TITLE TITLE VITALE, JEAN M NAME NAME STREET ADDRESS STREET ADDRESS 8118 TORTIGA LANE CITY-ST-ZIP CITY-ST-7IP **BOYNTON BEACH FL 33436** ☐ Delete □ Addition TITLE Change CULLEN, JAMES G NAME NAME STREET ADDRESS 72 CUSHING STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WALTHAM MA 02154 ■ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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.