

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000074341**

1. Entity Name  
**G & S, INC.**



**FILED  
May 02, 2003 8:00 am  
Secretary of State**

05-02-2003 90221 039 \*\*\*150.00

Principal Place of Business <b>BEARSS SHELL 14998 N FLORIDA AVE TAMPA FL 33613 US</b>	Mailing Address <b>BEARSS SHELL 14998 N FLORIDA AVE TAMPA FL 33613</b>
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2. Principal Place of Business  <b>Suite, Apt. #, etc.</b>	3. Mailing Address  <b>Suite, Apt. #, etc.</b>
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City & State  <b>CITY &amp; STATE</b>	City & State  <b>CITY &amp; STATE</b>
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Zip  <b>ZIP</b>	Country  <b>Country</b>	Zip  <b>ZIP</b>	Country  <b>COUNTRY</b>
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6. Name and Address of Current Registered Agent  <b>CHAPALAMADUGU, SATYA BEARSS SHELL 14998 N FLORIDA AVE TAMPA FL 33613</b>	7. Name and Address of New Registered Agent  <b>Name Street Address (P.O. Box Number is Not Acceptable)</b>
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Name

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

**14998 N. FLORIDA AVE  
TAMPA FL 33613**

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

*Satya Chapalamadugu*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/29/03*

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHAPALAMADUGU, SATYA 1626 LEDGESTONE DRIVE BRANDON FL 33511</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 *Satya Chapalamadugu*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)