2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000107716 DOCUMENT

1. Entity Name

G B INTERNATIONAL, INC.

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FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90216 043 ***150.00

						A COO WE THE					
Principal Place of Business 3388 ATWOOD COURT CLEARWATER FL 33761			3388	Mailing Address 3388 ATWOOD COURT CLEARWATER FL 33761				1 (127) (10) (10) (10) (10) (10) (10) (10) (10	1 6 #1 48 11# 1 00 #1 1 0 #	if i 11 818 2 814 8884	
2. Principal Place of Business			3. Mai	3. Mailing Address							
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAK	ING CHANGE	S	
City & State			City	City & State			4. 1	4. FEI Number 59-3489547 Applied For			
Zip Country			Zip	Zip Country			5. (Certificate of Status Desired	\$8.75 A Fee Requi		
	6. Name	and Address of Cur	rent Registere	d Agent			7 1	Name and Address of New Registers	•		
		+	<u>=</u>			Name		Table and Address of New Registers	zu Agent		
ROBERT	S, DAVID B					1102					
						Street Address	(PO B	ox Number is Not Acceptable)			
	WOOD COU					ondot / tadicos	(i .O. L	,r.o. box number is not acceptable)			
CLEARW	ATER FL 33	761						* · · · · · · · · · · · · · · · · · · ·			
		• • •	•								
						City		· E	Zip Co	ode	
9 The about	n nomed antit						<u></u>				
the obliga	e named entity ations of regist	y submits this stateme	nt for the purpo	ose of changing its	s registere	ed office or registe	ered age	ent, or both, in the State of Florida. I a	m familiar with	, and accept	
and obliga	alions or regist مــــــــــــــــــــــــــــــــــــ	tereu agent.							,		
SIGNATURE											
ORGANIONE		or printed name of registered a	gent and title if appli	icable (NO	F Registeren	Agent signature require	and confirmation and				
					- nogiotorou			instating) DATI	Ē		
		! FEE IS \$150.00					ĺ				
Afte	er May 1, 200	3 Fee will be \$550.	00					Election Campaign Financing	\$5.0	00 May Be	
Make Chec	k Payable to	Florida Departmen	t of State				ļ	Trust Fund Contribution.	☐ Adde	d to Fees	
10.		OFFICERS A	ND DIRECTOR	<u> </u>	14						
	Р	OFFICERS A	IND DIRECTOR		11.		ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	
TITLE	1	DAIMD D '		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	ROBERTS,				NAME	:				_	
STREET ADDRESS		OOD COURT			STREE	T ADDRESS					
CITY-ST-ZIP	CLEARWA	TER FL 33761			CITY-	ST-ZIP					
TITLE	ν			☐ Delete	TITLE		·				
NAME	ROBERTS.	SHELAGH		- Delete	NAME				Change	Addition	
STREET ADDRESS		OOD COURT									
CITY-ST-ZIP		TER FL 33761			•	TADDRESS					
0111-01-211	CLEARWA	IER FL 33/01			City-S	ST-ZIP					
TITLE				☐ Delete	TITLE	-			☐ Change	☐ Addition	
NAME	•			= ' -	NAME	-		•	Change	☐ Addition	
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CITY-ST-ZIP	ľ				CITY-S	1					
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					STREET	ADDRESS				j	
CITY-ST-ZIP	<u> </u>				CITY-S	ST-ZIP					
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AME					NAME				•	_	
STREET ADDRESS					STREET	ADDRESS				İ	
CITY-ST-ZIP					CITY-S	T-ZIP				ŀ	
2. I hereby c	ertify that the	information supplied w	ith this filing d	pes not qualify for	the ever	ntion stated in So	ction 11	19.07(3)(i), Florida Statutes. I further co			
indicated	on this report	or supplemental repor	t is true and ac	curate and that m	y signatur	re shall have the s	same le	19.07(3)(i), Florida Statutes. I further co gal effect as if made under oath; that I	aruty that the in	ntormation or director	
or the corp	poration or the	receiver or trustee em	powered to ex	ecute this report a	as required	d by Chapter 607	, Florida	gal effect as if made under oath; that I a Statutes; and that my name appears	in Block 10 or	Block 11 if	
orianged,	or on an auac	hment with an address	s, with all other	like empowered.				,		= 10015 1111	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR