

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90184 037 ***150.00

DOCUMENT # P98000021350

1. Entity Name
G.C.P.T., INC.

Principal Place of Business

**26943 LOST WOODS CIRCLE
 BONITA SPRINGS FL 34135**

Mailing Address

**26943 LOST WOODS CIRCLE
 BONITA SPRINGS FL 34135**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9871 Citadel Lane
 Suite, Apt. #, etc. #102**

3. Mailing Address

**P.O. Box 2522
 Suite, Apt. #, etc.**

City & State

Bonita Spgs, FL

City & State

Bonita Springs FL

4. FEI Number

59-3497313

Applied For

Not Applicable

Zip

Country

34135

Zip

Country

34135

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EQUITZ, THOMAS

**26943 LOST WOODS CIRCLE
 BONITA SPGS FL 34135**

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 EQUITZ, THOMAS
 26943 LOST WOODS CIRCLE
 BONITA SPRINGS FL 34135** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**EQUITZ THOMAS
 9871 CITADEL LANE #102
 BONITA SPRINGS, FL 34135** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)