## **≣**:::<del>:</del> 2001 UNIFORM BUSINESS REPORT (UBR) **FILED =** :::: DOCUMENT # P98000028134 Jan 08, 2001 8:00 am Secretary of State 1. Entity Name GSR ENTERPRISES, INC. 01-08-2001 90056 001 \*\*\*150.00 \_ .... Mailing Address Principal Place of Business = ::= 1265 SORRENTO WOODS BLVD 1265 SORRENTO WOODS BLVD NOKOMIS FL 34275 NOKOMIS FL 34275 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0824609 City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REVELS, GREGORY A Street Address (P.O. Box Number is Not Acceptable) 1265 SORRENTO WOODS BLVD **NOKAMIS FL 34275** Zip Code City = == in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its register of his register of the purpose of changing its register of the purpose of th =:=: ted name of registered agent and litle if applicable \_ ... FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 =:::: OFFICERS AND DIRECTORS 12 11. CR2E034 (10/00) Change ☐ Addition = iiii PΠ ☐ Delete REVELS, GREGORY A NAME NAME STREET ADDRESS 1265 SORRENTO WOODS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL 34275 ☐ Addition Change ☐ Delete =:::: VTD REVELS, ROBERT W MAME NAME STREET ADDRESS **E**ira STREET ADDRESS 9606 BRADEN RUM CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** Change ☐ Addition ☐ Delete REVELS, STEVEN E NAME NAME STREET ADDRESS STREET ADDRESS 1502 PINE STREET CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL 34275 Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS **=** / E.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ≡:::: Change TITI F ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 any 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 of fusive empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the received changed, or on an attachment y \_ . . .