2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000037918 Jun 05, 2000 8:00 am 1. Entity Name GTBP, INC. **Secretary of State** 06-05-2000 90040 039 ***150.00 Principal Place of Business Mailing Address 3660 W KING ST 3660 W KING ST COCOA FL 32926-4127 COCOA FL 32926 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3506746 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUMM. GREGORY A** Street Address (P.O. Box Number is Not Acceptable) 3660 W KING ST **COCOA FL 32926** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE Cheryl Riello 2545 Stradford Dr **GUMM: GREGORY A** NAME NAME 3770 S SHERWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCUA, F1. 32926 CITY-ST-ZIP **COCOA FL 32926** Change ☐ Addition Delete TITLE TITLE **GUMM, PATRICIA A** NAME NAME 3770 S SHERWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **COCOA FL 32926** ☐ Change ☐ Addition ☐ Delete TITLE TITLE ERVIN, TOMMY G NAME NAME 2543 HATHAWAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCOA FL 32926** Change Addition ☐ Defete TITLE TITLE ERVIN, BARBARA E NAME NAMÉ 2543 HATHAWAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **COCOA FL 32926** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

E. Ervin 5-30-00

CR2E 134 (9/99