

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000041693**

1. Entity Name

GS Ventures, Inc ✓

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90101 001 ***150.00

Principal Place of Business

18500 U.S. HWY. 441
MOUNT DORA FL 32757
US

Mailing Address

PO BOX 1364
MOUNT DORA FL 32756-1364
US

2. Principal Place of Business

7110 Beech Ridge Trail

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32312

Country

Leon

3. Mailing Address

PMB 324-6753 Thonerville Rd

Suite, Apt. #, etc.

108

City & State

Tallahassee, FL

Zip

32312

Country

USA

4. FEI Number

59-3512834

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Lance Hampton

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

7110 Beech Ridge Trail

City

Tallahassee

FL

Zip Code

32312

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

Lance Hampton Treasurer **Lance Hampton**

5-1-00

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, 2000, 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	<input type="checkbox"/> Delete
NAME	HILL, KAY
STREET ADDRESS	1206 OLD EUSTIS ROAD
CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	<input type="checkbox"/> Delete
NAME	HILL, Eugene
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	Mooney, Steve
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	ST HAMPTON, LANCE
STREET ADDRESS	6861 SYLVAN WOODS CT
CITY-ST-ZIP	SANFORD FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Lance Hampton

5-1-00

850-668-3312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)