

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91389 008 ***150.00

0864702 AB

DOCUMENT # P98000041693

1. Entity Name

GS VENTURES, INC.



Principal Place of Business

**328 US HWY. 84 E
CAIRO GA 31728**

Mailing Address

**PO BOX 508
CAIRO GA 31728**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

39828

Country

Zip

39828

Country

4. FEI Number

59-3512834

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HAMPTON, LANCE
2319 GATES DR
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOB
HILL, EUGENE G
1473 CRINE BLVD
CAIRO GA 31728** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MOONEY, STEPHEN
1901 LAKESHORE CIRCLE
LONGWOOD FL 32750** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HILL, KAY
1473 CRINE BLVD
CAIRO GA 31728** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
HAMPTON, LANCE
2319 GATES DR
TALLAHASSEE FL 32312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
zip 39828

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03 229-377-3922

CR2E034 (10/02)