

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90059 019 \*\*\*150.00

0430305 AV

**DOCUMENT # P98000062942**

1. Entity Name

**GB/AG UNITED STATES, CORP.**



Principal Place of Business

~~XXXXXXXXXXXXXXXXXXXX~~  
~~223 SUNSET AVE. STE 130~~  
~~PALM BEACH FL 33480~~  
~~XXXXXXXXXXXXXXXXXXXX~~

Mailing Address

~~XXXXXXXXXXXXXXXXXXXX~~  
~~223 SUNSET AVE. STE 130~~  
~~PALM BEACH FL 33480~~  
~~XXXXXXXXXXXXXXXXXXXX~~

2. Principal Place of Business

**c/o Huffman**

**350 Royal Palm Way #409**

**Palm Beach, FL**

**33480 USA**

3. Mailing Address

**c/o Huffman**

**350 Royal Palm Way #409**

**Palm Beach, FL**

**33480 USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0861957**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~XXXXXXXXXXXXXXXXXXXX~~  
~~223 SUNSET AVE. STE 130~~  
~~PALM BEACH FL 33480~~  
~~XXXXXXXXXXXXXXXXXXXX~~

7. Name and Address of New Registered Agent

Name

**Huffman, Kent Esq.**

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

**350 Royal Palm Way**

**Suite 409**

City **Palm Beach**

**FL**

**33480**

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

**4/11/03**

**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 **DP** ☐ Delete  
NAME **HUFFMAN, KENT ESQ**  
STREET ADDRESS **223 SUNSET AVE. STE 200**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **O/VP** ☐ Delete  
NAME **PFERDEKAEMPER, H.E.**  
STREET ADDRESS **223 SUNSET AVENUE**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition  
NAME **HUFFMAN, KENT**  
STREET ADDRESS **350 ROYAL PALM WAY, #409**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **S/D** ☐ Change ☐ Addition  
NAME **PFERDEKAEMPER, HORST-ENALD**  
STREET ADDRESS **350 ROYAL PALM WAY, SUITE 409**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **T/O** ☐ Change ☐ Addition  
NAME **PETER SOWER**  
STREET ADDRESS **350 ROYAL PALM WAY, #409**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

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

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

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

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

**KENT HUFFMAN, Pres,**

Date

Daytime Phone #

**4/11/03**

**561 633-5633**

CR2E034 (10/02)