

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085510

1. Entity Name

GSL SOLUTIONS, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90146 027 ***150.00

Principal Place of Business

Mailing Address

5100-D ELMHURST ROAD
WEST PALM BEACH FL 33417

5100-D ELMHURST ROAD
WEST PALM BEACH FL 33417-4516

2. Principal Place of Business

3. Mailing Address

1211 N. Westshore Blvd

1211 N. Westshore Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 416

Suite 416

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Zip

33607

33607

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0926109 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAWFORD, EDGAR S
5100-D ELMHURST ROAD
WEST PALM BEACH FL 33417

Name

Michael A. Gaines

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

1211 N. Westshore Blvd, Suite 416

City

Tampa

FL

Zip Code

33607

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

Michael A. Gaines

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

(NOTE: Registered Agent signature required when reinstating)

4/19/00

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 D ☒ Delete
NAME CRAWFORD, EDGAR S
STREET ADDRESS 5100-D ELMHURST ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE President/Director ☐ Change ☒ Addition
NAME Michael A. GAINES
STREET ADDRESS 1211 N. Westshore Blvd., #416
CITY-ST-ZIP Tampa, FL 33607

TITLE D ☒ Delete
NAME COOPER, PATRICK E
STREET ADDRESS P O BOX 4148
CITY-ST-ZIP MUSKEGON MI 49444

TITLE Vice President/Treasurer/Director ☐ Change ☒ Addition
NAME Ben Skaggs
STREET ADDRESS 1211 N. Westshore Blvd., #416
CITY-ST-ZIP Tampa, FL 33607

TITLE D ☒ Delete
NAME GAINES, ANDREA J
STREET ADDRESS 6041 TERRAPIN PL
CITY-ST-ZIP ALEXANDRIA VA 22310

TITLE Vice President/Secretary/Director ☐ Change ☒ Addition
NAME Adam J. Lombardo
STREET ADDRESS 1211 N. Westshore Blvd., #416
CITY-ST-ZIP Tampa, FL 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Michael A. Gaines

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

813-637-8535

Daytime Phone #

CR2E034 (9/99)