

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000085510

FILED
Apr 10, 2002 8:00 AM
Secretary of State

Entity Name: GSL SOLUTIONS, INC.

Current Principal Place of Business:

1211 N WESTSHORE BLVD
SUITE 416
TAMPA, FL 33607

New Principal Place of Business:

1411 N WESTSHORE BLVD
SUITE 102
TAMPA, FL 33607

Current Mailing Address:

1211 N WESTSHORE BLVD
SUITE 416
TAMPA, FL 33607

New Mailing Address:

1411 N WESTSHORE BLVD
SUITE 102
TAMPA, FL 33607

FEI Number: 65-0926109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAINES, MICHEAL A
1211 N WESTSHORE BLVD SUITE 416
TAMPA, FL 33607

Name and Address of New Registered Agent:

GAINES, MICHAEL A
1411 N WESTSHORE BLVD
SUITE 102
TAMPA, FL 33607

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

04/10/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAINES, MICHEAL A
Address: 1211 N WESTSHORE BLVD #416
City-St-Zip: TAMPA, FL 33607

Title: VP/S () Delete
Name: LAMBARD, ADAM J
Address: 1211 N WESTSHORE BLVD #416
City-St-Zip: TAMPA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GAINES, MICHAEL A
Address: 1411 N WESTSHORE BLVD #102
City-St-Zip: TAMPA, FL 33607

Title: VP/T (X) Change () Addition
Name: LOMBARD, ADAM J
Address: 1411 N WESTSHORE BLVD #102
City-St-Zip: TAMPA, FL 33607

Title: S () Change (X) Addition
Name: SILCOX, JAMES T
Address: 1411 N WESTSHORE BLVD #102
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A GAINES

P

04/10/2002

Electronic Signature of Signing Officer or Director

Date