2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000085510

Entity Name: GSL SOLUTIONS, INC.

City-St-Zip:

TAMPA, FL 33607

FILED Feb 12, 2003 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1411 N WI SUITE 102 TAMPA, F		LVD			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1411 N WI SUITE 102 TAMPA, F		LVD			
FEI Number	: 65-0926109	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
		LVD			
	e named entity e of Florida.	submits this statement for the	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GAINES, MICH	SHORE BLVD #102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LOMBARDO, A	SHORE BLVD #102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SILCOX, JAME) Delete S T SHORE BLVD #102	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MICHAEL A GAINES P 02/12/2003