2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #P98000095810 FILED May 15, 2000 8:00 am Secretary of State GPG ENTERPRISES INC. 05-15-2000 90188 007 ***150.00 Principal Place of Business Mailing Address 38 N 9th STREET ATLANTIC BEACH, FL. 32233 2. Principal Place of Business
38 W. 9th STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 ~ Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD P. GLEMANN Street Address (P.O. Box Number is Not Acceptable) 535 L ATLANTIC BLUP STES ATLANTIC BEACH, FL. 322633 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible
Tay filing requires FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRES. TITLE ☐ Delete Russell Gordon Jr 538 5th AVE N BEACH, FL. 31150 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME NAME INCENT MISURACA STREET ADDRESS STREET ADDRESS lfwood ave CITY-ST-ZIE CITY-ST-ZIP DILECTOR JIMMY A.GORDON 1385 SEMINOLE RD. ATLANDIC BEACH, FL Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Addition Change NAME NAME STREET ADDRESS 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 of 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 their eceiver 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 life empowered. 51MMY A.GOLOON, SECY/TREAS SIGNATURE: > E OF SIGNING OFFICER OR DIRECTOR