

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0438838 AV

04-30-2003 90151 003 ***150.00

DOCUMENT # P98000096069

1. Entity Name
GZM CONSULTING SERVICES, INC.



Principal Place of Business
**19373 CHERRY HILLS TERR
BOCA RATON FL 33498**

Mailing Address
**19373 CHERRY HILLS TERR
BOCA RATON FL 33498**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
11034 VIA SAN REMO
Suite, Apt. #, etc.

3. Mailing Address
11034 VIA SAN REMO
Suite, Apt. #, etc.
BOYNTON BEACH, FL 33437

City & State
BOYNTON BEACH, FL
Zip
33437 Country

City & State
BOYNTON BEACH, FL
Zip
33437 Country
USA

4. FEI Number **65-0883725**

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

**ZENSKY, GERALD
19373 CHERRY HILLS TERR
BOCA RATON FL 33498**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D ZENSKY, GERALD 19373 CHERRY HILLS TERR BOCA RATON FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11034 VIA SAN REMO BOYNTON BEACH, FL 33437-7600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF GERALD ZENSKY DATE: 4/26/03 DAYTIME PHONE #: 361-364-9091

CR2E034 (10/02)