

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90104 001 \*2,381.25

**DOCUMENT # P98000097813**

1. Entity Name  
**GPI MARKETING, INC.**

Principal Place of Business  
**11800 28TH STREET NORTH**  
**ST. PETERSBURG FL 33716**

Mailing Address  
**11800 28TH STREET NORTH**  
**ST. PETERSBURG FL 33716**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**94-3724697 NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**CAMILLO, JOSEPH**  
**10125 W COLONIAL DR**  
**SUITE 212**  
**OCOE FL 34761**

## 7. Name and Address of New Registered Agent

Name **Joseph Camillo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11800 28th St. NO.**  
 City **St. Petersburg** FL Zip Code **33716**

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 **Joseph H Camillo** **Joseph Camillo** **2/21/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAMILLO, JOSEPH	
STREET ADDRESS	10125 W COLONIAL DR #212	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Delete
NAME	PAMELA COLLEN	
STREET ADDRESS	11800 28th St. NO.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33716	
TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Delete
NAME	DOUGLAS WARD	
STREET ADDRESS	11800 28th St. NO.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **PAMELA COLLEN/PRESIDENT** **PAMELA COLLEN** **2/21/02** **727-592-0146**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/01)