

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90749 005 \*\*\*150.00

DOCUMENT # P99000005130

1. Entity Name

GLP Europe, Inc.



**DO NOT WRITE IN THIS SPACE**

**90123496**

2. Principal Place of Business  
1045 Merritt Drive

3. Mailing Address  
1045 Merritt Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

4. FEI Number

Applied For  
☒ Not Applicable

Zip  
32301

Country  
USA

Zip  
32301

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name Paralegal & Attorney Service Bureau, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1045 Merritt Drive

City Tallahassee

FL

Zip Code  
32301

**DO NOT WRITE  
IN THIS SPACE**

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

Kathleen J. Hill, President

03/27/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Marius Z. Sosnowski  
3600 Crystal Cop Dr.  
Las Vegas, NV 89117  
PDST

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marius Z. Sosnowski

03/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)