

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015873

1. Entity Name

GB PROFESSIONAL SERVICES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90550 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1627-1 FLAGG COURT  
KEY WEST FL 33040

P.O. BOX 6512  
KEY WEST FL 33041-6512

2. Principal Place of Business

422 PLEADING ST

3. Mailing Address

819 PEACOCK PLAZA

Suite, Apt. #, etc.

KEY WEST FL

Suite, Apt. #, etc.

PMB 665

City & State

City & State

KEY WEST FL 33040

4. FEI Number

65-0902699

Applied For

Not Applicable

Zip

Country

33040

MONROE

Zip

Country

33040

MONROE

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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.

SIGNATURE

~~MAREK FRANCZUK~~

~~4-30-00~~

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
FRANCZUK, MAREK  
1627-1 FLAGG COURT  
KEY WEST FL 33040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGMADEL FRANCZUK MAREK FRANCZUK

Date

4-30-00

Daytime Phone #

305-246-1766

CR2E034 (9/99)