

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90100 041 \*\*\*150.00

**DOCUMENT # P99000033375**

1. Entity Name  
**G.F.D. ENTERPRISES, INC.**

Principal Place of Business  
**1852 NW 57TH ST.  
 Ocala FL 34475**

Mailing Address  
**1852 NW 57TH ST.  
 Ocala FL 34475**

2. Principal Place of Business  
**518 NE 53RD STREET**

3. Mailing Address  
**518 NE 53RD STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**OCALA, FLORIDA**

City & State  
**OCALA, FLORIDA**

Zip  
**34479-1668**

Country  
**MARION**

Zip  
**34479-1668**

Country  
**MARION**

4. FEI Number **59-3576230**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



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

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

**ADAMS, BERTRAM C  
 1852 NW 57TH ST.  
 Ocala FL 34475**

**ADAMS, BERTRAM C.  
 518 N. E. 53RD ST.  
 Ocala, FL. 34479-1668**

Name **ADAMS, BERTRAM C.**

Street Address (P.O. Box Number is Not Acceptable)  
**518 N. E. 53RD ST.**

City **OCALA** **FL** Zip Code **34479-1668**

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)

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, 2001 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 **PT** ☐ Delete  
 NAME **ADAMS, BERTRAM C**  
 STREET ADDRESS **1219 SE 19TH ST. 518 N.E. 53RD ST.**  
 CITY-ST-ZIP **OCALA FL 34471 Ocala, FL. 34479-1668**

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

TITLE **VS** ☐ Delete  
 NAME **ADAMS, MARY P**  
 STREET ADDRESS **1219 SE 19TH ST. 518 N.E. 53rd St.**  
 CITY-ST-ZIP **OCALA FL 34471 Ocala, FL., 34479-1668**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: *Bertram C. Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 12, 2001

Date

(352) 369-6204

Daytime Phone #

CR2E034 (10/00)