

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91024 039 ***150.00

DOCUMENT # P99000033918

1. Entity Name
GS FIBERLITE, INC.



Principal Place of Business
**9524 TROPICAL PARK PLACE
BOCA RATON FL 33428**

Mailing Address
**9524 TROPICAL PARK PLACE
BOCA RATON FL 33428**

2. Principal Place of Business

5333 Island Gypsy Dr.
Suite, Apt. #, etc.

3. Mailing Address

5333 Island Gypsy Dr.
Suite, Apt. #, etc.

City & State

GREENACRES, FL.

City & State

GREENACRES, FL.

Zip

33463

Country

Palm Bch.

Zip

33463

Country

Palm Bch.

4. FEI Number

65-0940470

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAVIOLIDIS, GEORGE
9524 TROPICAL PARK PLACE
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-03

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

TITLE **D** ☐ Delete
NAME **SAVIOLIDIS, GEORGE W**
STREET ADDRESS **9524 TROPICAL PARK PLACE**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Saviolidis

Date

Daytime Phone #

1-17-03 536-0106

CR2E034 (10/02)