

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052090

1. Entity Name

GBA, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90059 009 ***150.00

Principal Place of Business

Mailing Address

360 10TH ST
KEY COLONY BEACH FL 33051

PO BOX 510905
KEY COLONY BEACH FL 33051-0905

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

65-0924678

Applied For

Not Applicable

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

ALDRICH, BARBARA A
360 10TH ST
KEY COLONY BEACH FL 33051

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

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	PRESIDENT AND TREASURER	<input type="checkbox"/> Delete
NAME	GEORGE ALDRICH	
STREET ADDRESS	PO Box 510905	
CITY-ST-ZIP	KEY COLONY BEACH, FL. 33051	
TITLE	V. PRESIDENT AND SECRETARY	<input type="checkbox"/> Delete
NAME	BARBARA A. ALDRICH	
STREET ADDRESS	PO Box 510905	
CITY-ST-ZIP	KEY COLONY BEACH, FL. 33051	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *George Aldrich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE ALDRICH, PRESIDENT

2/14/00

Date

305 289-0597

Daytime Phone #

CR2E034 (9/99)