

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 91159 025 \*\*\*150.00

DOCUMENT #

1. Entity Name

P99000055403

GVC Technologies, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1 Whitcock Lane

Suite, Apt. #, etc.

3. Mailing Address  
1 Whitcock Lane

Suite, Apt. #, etc.

City & State  
Palm Coast, FL

City & State  
Palm Coast, FL

4. FEI Number  
59-3582061

Applied For  
Not Applicable

Zip  
32164

Country  
USA

Zip  
32164

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

B0061926

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
Donald W. Duncan, P.A.

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

21 Old Kings Road, North, Ste B-110

Palm Coast FL Zip Code 32164

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

*Donald W. Duncan, P.A.* *Donald W. Duncan, P.A.* *3/28/02*  
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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
John V. Cellini  
1 Whitcock Lane  
Palm Coast, FL 32164

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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

SIGNATURE: JOHN V. CELLINI PRES. *John V. Cellini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02 386-446-1421  
Date Daytime Phone #

CR2E034B (12/01)