

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90026 011 \*\*\*150.00

**DOCUMENT # P99000063864**

1. Entity Name  
GTO, INC.



Principal Place of Business  
3121 HARTSFIELD RD.  
TALLAHASSEE FL 32303

Mailing Address  
3121 HARTSFIELD RD.  
TALLAHASSEE FL 32303

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 **59-3596645**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, CHARLES B III  
3121 HARTSFIELD RD.  
TALLAHASSEE FL 32303

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. 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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **KELLEY, JOE**  
STREET ADDRESS **1212 CONSERVANCY DRIVE E**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **P, D** ☒ Change ☐ Addition  
NAME **KELLEY, JOE**  
STREET ADDRESS **1212 CONSERVANCY DRIVE E**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **V** ☐ Delete  
NAME **MARSHALL, ADAM**  
STREET ADDRESS **1102 IVANHOE ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE **SRVP** ☐ Delete  
NAME **MITCHELL, JOHN P**  
STREET ADDRESS **PO BOX 12194**  
CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE **SRVP, D.** ☒ Change ☐ Addition  
NAME **MITCHELL, JOHN P**  
STREET ADDRESS **PO BOX 12194**  
CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE **S** ☐ Delete  
NAME **NOBLIN, MILLARD**  
STREET ADDRESS **1300 METROPOLITAN BLVD**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **S, D** ☒ Change ☐ Addition  
NAME **NOBLIN, MILLARD**  
STREET ADDRESS **1300 METROPOLITAN BLVD**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **CD** ☐ Delete  
NAME **MITCHELL, CHARLES D III**  
STREET ADDRESS **PO BOX 13708**  
CITY-ST-ZIP **TALLAHASSEE FL 32317**

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

TITLE **CFOD** ☐ Delete  
NAME **DESOTELL, BRIAN**  
STREET ADDRESS **3795 PATCH DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE ☐ Change ☐ Addition  
NAME  
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 REQUIRED DESOTELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/03

850 575 0176

CR2E034 (10/02)