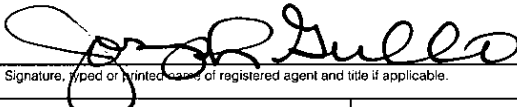


2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2001 8:00 am
Secretary of State**

01-24-2001 90066 040 ***150.00

DOCUMENT # P99000084775**1. Entity Name
G'S TRIA, INC.****Principal Place of Business****1621 STATE AVENUE
HOLLY HILL FL 32117****Mailing Address****1621 STATE AVENUE
HOLLY HILL FL 32117****2. Principal Place of Business****1842 S. SEGRAVE St
Suite, Apt. #, etc.****3. Mailing Address****1842 S. SEGRAVE
Suite, Apt. #, etc.****City & State****SOUTH DAYTONA FL****City & State****SOUTH DAYTONA FL****Zip****32119****Country****Volusia****Zip****32119****Country****Volusia****4. FEI Number 59-3601546****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****GULLO, JOSEPH
1621 STATE AVENUE ABOVE ADDRESS
HOLLY HILL FL 32117****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, 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 P ☐ Delete
NAME GULLO, STEPHEN
STREET ADDRESS 1213 ROYAL STREET
CITY-ST-ZIP PORT ORANGE FL 32118****TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE VP ☐ Delete
NAME GULLO, JOSEPH
STREET ADDRESS 153 MALLARD LANE
CITY-ST-ZIP DAYTONA BEACH FL 32119****TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE D ☐ Delete
NAME GULLO, SANTO
STREET ADDRESS 6343 PALMAS BAY CIRCLE
CITY-ST-ZIP PORT ORANGE FL 32127****TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP****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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01 (904) 788-7501

CR2E034 (10/00)