

FILED

Apr 21, 2002 8:00 am
Secretary of State

03-24-2002 90020 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084775

1. Entity Name

G'S TRIA, INC.

Principal Place of Business

1842 S. SEGRAVE ST.
SOUTH DAYTONA FL 32119

Mailing Address

1842 S. SEGRAVE ST.
SOUTH DAYTONA FL 32119

2. Principal Place of Business

1842 S. SEGRAVE ST

Suite, Apt. #, etc.

3. Mailing Address

1842 S. SEGRAVE ST

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

GULLO, JOSEPH

1821 STATE AVENUE ABOVE ADDRESS

HOLLY HILL FL 32117

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GULLO, STEPHEN	
STREET ADDRESS	1213 ROYAL STREET	
CITY-ST-ZIP	PORT ORANGE FL 32118	

TITLE	VP	<input type="checkbox"/> Delete
NAME	GULLO, JOSEPH	
STREET ADDRESS	153 MALLARD LANE	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	

TITLE	D	<input type="checkbox"/> Delete
NAME	GULLO, SANTO	
STREET ADDRESS	6343 PALMAS BAY CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32127	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)