

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097224

1. Entity Name

GBT ASSOCIATES, INC.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90269 044 \*\*\*150.00

Principal Place of Business

% A.P. CARPENTIER.9800 SO. OCEAN DR.  
JENSEN BEACH FL 34957

Mailing Address

% A.P. CARPENTIER.9800 SO. OCEAN DR.  
JENSEN BEACH FL 34957

000015007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

GBT ASSOCIATES

Suite, Apt. #, etc.

10545 S. OCEAN DR.

JENSEN BEACH FL

Zip  
34957

Country  
U.S.

3. Mailing Address

GBT ASSOCIATES

Suite, Apt. #, etc.

10545 S. OCEAN DR.

JENSEN BEACH FL

Zip  
34957

Country  
U.S.

4. FEI Number

65-0959575

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PICKEN, GREGORY C ESQ.  
% GARY, DYTRYCH & RYAN, P.A., 701 U.S. HWY.1  
STE.401  
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name  
GEORGE HARDING % GBT ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable)  
10545 S. OCEAN DR.

City JENSEN BEACH FL Zip Code 34957

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.

GEORGE HARDING SEC. 5-1-01

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARDING, GEORGE 66 AQUA RA DRIVE JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROCKWAY, ROBERT W 10725 SO. OCEAN DR., #245 JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPENTIER, ANTHONY P 1456 N.E. OCEAN BLVD., #10-202 STUART FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSON, EDWARD 1456 N.E. OCEAN BLVD., #12-101 STUART FL 34996	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

GEORGE HARDING

SEC. 5/1/01

Date

561-229-9515

Daytime Phone #

CR2E034 (10/00)