

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90771 031 ***158.75

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DOCUMENT # P99000097695

1. Entity Name

G.C.L. SERVICES, INC.



Principal Place of Business

**3100 HAWTHORNE ST
176
SARASOTA FL 34239**

Mailing Address

**3100 HAWTHORNE ST
176
SARASOTA FL 34239**

2. Principal Place of Business

3100 HAWTHORNE ST

Suite, Apt. #, etc.
LOT 176

City & State

SARASOTA FL

Zip
34239

Country

F.L.

3. Mailing Address

3100 HAWTHORNE ST

Suite, Apt. #, etc.
LOT 176

City & State

SARASOTA

Zip
34239

Country

F.L.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0963595

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAULIN, PIERRE A

**230 S. CYPRESS RD., STE. C
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
LEBRUN, CARMEN
3100 HAWTHORNE ST, #176
SARASOTA FL 34239**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
LEBRUN, GUY
3100 HAWTHORNE ST, #176
SARASOTA FL 34239**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: CARMEN LEBRUN
GUY LEBRUN
SIGNATURE: GUY LEBRUN

04-28-03 941-685-4350

04-28-03 941-685-1483

Date

Daytime Phone #

CR2E034 (10/02)