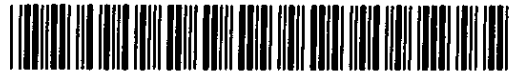


# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90008 016 \*\*\*150.00

**DOCUMENT # P99000101278**  
 1. Entity Name  
**G.T., INC.**

Principal Place of Business Mailing Address  
~~2501 GRANADA CIRCLE E.~~ 2012 Barcelona Dr. S. ~~2501 GRANADA CIRCLE E.~~ 2012 Barcelona Dr. S.  
 ST PETERSBURG FL 33712 ST PETERSBURG FL 33712



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 2012 Barcelona Drive S. 2012 Barcelona Drive S.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 St. Petersburg

City & State City & State  
 St. Petersburg, FL  
 Zip Country Zip Country  
 33712 U.S.A. 33712 USA

4. FEI Number 56-3611082 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

TULL, GALE A  
~~2501 GRANADA CIRCLE~~  
 SAINT PETERSBURG FL 33712

## 7. Name and Address of New Registered Agent

Name TULL, GALE A.  
 Street Address (P.O. Box Number is Not Acceptable)  
 2012 Barcelona Drive South  
 City ST. PETERSBURG FL Zip Code 33712

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]* DATE  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
 NAME TULL, GALE A  
 STREET ADDRESS ~~2501 GRANADA CIRCLE E.~~ 2012 Barcelona Dr. S.  
 CITY-ST-ZIP ST PETERSBURG FL 33712

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (727) 864-5503  
 Date Daytime Phone #

0445982 AV

CR2E034 (9/01)

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000101278**

1. Entity Name  
**G.T., INC.**

*ATTACHMENT*  
*650885*

Principal Place of Business

~~2501 GRANADA CIRCLE E~~ **2012 Barcelona Dr.**  
**ST PETERSBURG FL 33712**

Mailing Address

~~2501 GRANADA CIRCLE E~~  
**ST PETERSBURG FL 33712**

2. Principal Place of Business

**2012 Barcelona Drive S.**  
Suite, Apt. #, etc.

3. Mailing Address

**2012 Barcelona Drive S.**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg, FL**

Zip

**33712**

Country

**U.S.A**

Zip

**33712**

Country

**USA**

4. FEI Number

**56-3611082**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TULL, GALE A**

~~2501 GRANADA CIRCLE E~~

**SAINT PETERSBURG FL 33712**

7. Name and Address of New Registered Agent

Name **TULL, GALE A.**

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

**2012 Barcelona Drive South**

City

**ST. PETERSBURG**

FL

Zip Code

**33712**

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 NOWHERE FEES \$50.00**

**After May 15, 2002 Fee will be \$50.00**

**Must be payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TULL, GALE A</b>	
STREET ADDRESS	<del>2501 GRANADA CIRCLE E</del>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33712</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	<b>TULL, GALE A.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TULL, GALE A.</b>	
STREET ADDRESS	<b>2012 Barcelona Drive South</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33712</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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

*4/30/02* (227) 814-5503  
Date Daytime Phone #