

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101278

1. Entity Name
G.T., INC.

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

Mailing Address

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

2. Principal Place of Business
2012 Barcelona Drive S.

3. Mailing Address

2012 Barcelona Drive S.

Suite, Apt. #, etc.

St. Petersburg

City & State

St. Petersburg, FL

Zip 33712

Country U.S.A

Zip 33712

Country USA

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

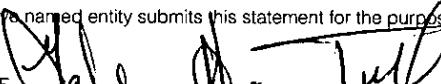
City

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 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

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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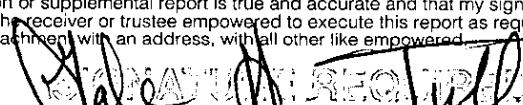
Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90008 016 ***150.00



DO NOT WRITE IN THIS SPACE

2002
2002
AV

CR2E034 (9/01)

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

