

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90108 008 ***158.75

DOCUMENT # S22100

1. Entity Name
GAP MANAGEMENT TECHNOLOGY CORPORATION

Principal Place of Business
1421 GULF TO BAY BLVD.
CLEARWATER FL 33755-5312
US

Mailing Address
1421 GULF TO BAY BLVD.
CLEARWATER FL 33755-5312
US

2. Principal Place of Business
150 - 2ND AVE. NORTH

3. Mailing Address
150 - 2ND AVE. NORTH

Suite, Apt. #, etc.
SUITE 660

Suite, Apt. #, etc.
SUITE 660

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

Zip
33701

Country
USA

Zip
33701

Country
USA

4. FEI Number **59-3461075**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MONTEMARANO, ROBERT
1432 COURT STREET
CLEARWATER FL 33756-6147

7. Name and Address of New Registered Agent

Name **ROBERT MONTEMARANO**
Street Address (P.O. Box Number is Not Acceptable)
150 - 2ND AVE NORTH
SUITE 660
City **ST. PETERSBURG** **FL** **Zip Code** **33701**

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)

4-16-02
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **MONTEMARANO, ROBERT**
STREET ADDRESS **1421 GULF TO BAY BLVD**
CITY-ST-ZIP **CLEARWATER FL 33755-5312**

TITLE **D** ☐ **Delete**
NAME **FOWLER, B. ADAM**
STREET ADDRESS **510 MONTGOMERY STREET**
CITY-ST-ZIP **GREENWOOD MS 38930**

TITLE **D** ☐ **Delete**
NAME **KUPERMAN, OSCAR**
STREET ADDRESS **170 CAMDEN AVE**
CITY-ST-ZIP **STATEN ISLAND NY 10307**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT/DIRECTOR** ☒ **Change** ☐ **Addition**
NAME **MONTEMARANO, ROBERT**
STREET ADDRESS **150 - 2ND AVE. NORTH #660**
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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

4/16/02 **727-449-2243**
Date **Daytime Phone #**

CR2E034 (9/01)