

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90060 045 \*\*\*550.00

**DOCUMENT # S30633**

1. Entity Name  
**G.C.R., INC.**

Principal Place of Business

101 SOUTH SECOND STREET  
 SUITE 203  
 FORT PIERCE FL 34950  
 US

Mailing Address

101 SOUTH SECOND STREET  
 SUITE 203  
 FORT PIERCE FL 34950  
 US

2. Principal Place of Business

3646 S. Jenkins Rd.

3. Mailing Address

3646 S. Jenkins Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Ft. Pierce, FL**

City & State  
**Ft. Pierce, FL**

4. FEI Number **65-0235900**

Applied For  
 Not Applicable

Zip  
**34981**

Country  
**US**

Zip  
**34981**

Country  
**US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALYERS, JOHN P**  
**3646 S. JENKINS ROAD**  
**FORT PIERCE FL 34981**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>SALYERS, JOHN P.</b>	<b>3646 S. JENKINS ROAD</b>	<b>FORT PIERCE FL 34981</b>	

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:** *John P Salyers* **John P Salyers** 9/3/02 772-4666830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)