

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90061 046 \*\*\*550.00

0143687 AT

**DOCUMENT # S30633**

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



Principal Place of Business  
**3646 S JENKINS RD  
FORT PIERCE FL 34981  
US**

Mailing Address  
**3646 S JENKINS RD  
FORT PIERCE FL 34981  
US**

2. Principal Place of Business  
**1910 Wren Avenue**

3. Mailing Address  
**1910 Wren Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Fort Pierce, FL**

**Fort Pierce, FL**

Zip  
**34982**

Country  
**US**

Zip  
**34982**

Country  
**US**

4. FEI Number  
**65-0235900**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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)  
**1910 Wren Avenue**

City  
**Fort Pierce**

FL Zip Code  
**34982**

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 *John P. Salyers*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SALYERS, JOHN P.  
3646 S. JENKINS ROAD  
FORT PIERCE FL 34981** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1910 Wren Avenue  
Fort Pierce, FL 34982** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*John P. Salyers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03

Date

772 466-6830

Daytime Phone #

CR2E034 (4/03)