

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S38597

1. Entity Name
GSI PUBLISHERS, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90040 030 ***150.00

Principal Place of Business
133 E. CENTRAL AVE
P.O. BOX 125
HOWEY-IN-THE-HILLS FL 34737

Mailing Address
P O BOX 125
HOWEY-IN-THE-HILLS FL 34737
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3065590

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GRAY, FRED R.
1115 N LAKESHORE DR
HOWEY-IN-THE-HILLS FL 34737

Name

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

1115 N. Lakeshore Blvd

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GRAY, FRED R.
STREET ADDRESS 1115 N LAKESHORE DR
CITY-ST-ZIP HOWEY IN THE HILLS FL 34737 ☐ Delete

TITLE
NAME
STREET ADDRESS 1115 N. Lakeshore Blvd ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE STD
NAME GRAY, SUZANNE J.
STREET ADDRESS 1115 N LAKESHORE DR
CITY-ST-ZIP HOWEY IN THE HILLS FL 34737 ☐ Delete

TITLE
NAME
STREET ADDRESS 1115 N. Lakeshore Blvd ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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

4/30/01 302-344-2220
Date Daytime Phone #

CR2E034 (10/00)