

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S49583

1. Entity Name  
G.D.R. SYSTEMS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90166 038 \*\*\*150.00

Principal Place of Business

Mailing Address

~~P.O. BOX 2125~~  
HIGH SPRINGS FL 32643

P.O. BOX 1466  
LABELLA FL 33975-1466  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

150 S. MAIN ST  
Suite, Apt. #, etc.  
SUITE #1

Suite, Apt. #, etc.

City & State  
LABELLE, FL

City & State

Zip  
33935

Country  
US

Zip

Country

4. FEI Number 59-3126193

Applied For  
Not Applicable

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

GLEN D. RENFRO  
150 S. MAIN ST.  
LABELLE FL 32643

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.

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
RENFRO, GLEN DALE  
36 MOCKINGBIRD LANE  
HIGH SPRINGS FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LOTRAFER, MARJORIE  
36 MOCKINGBIRD LANE  
HIGH SPRINGS FL ☐ Delete

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

TITLE  
NAME  
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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: Glen D. Renfro  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00  
Date

863-675-3903  
Daytime Phone #