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2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver changed, or on an attachment w

SIGNATURE:

with all other like empowered.

Jul 17, 2001 8:00 am S68285 DOCUMENT # **Secretary of State** 1. Entity Name 07-17-2001 90004 022 ***150.00 G T COMMERCIAL, INC. Principal Place of Business Mailing Address 14 W WASHINGTON ST 14 W WASHINGTON ST AUU77530 . ORLANDO FL 32801 ORLANDO FL 32801 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3078571 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THARP, GARY G. Street Address (P.O. Box Number is Not Acceptable) 2083 BILTMORE POINT LONGWOOD FL 32779-2856 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSTD** TITI F ☐ Delete TITLE ☐ Change ☐ Addition THARP, GARY G. NAME NAME 2083 BILTMORE POINT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition - . - Delete - ----TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 tystes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if



Attachment D# 368085 ADM (200

July 10, 2001

Division of Corporations Uniform Business Report Filings Post Office Box 1500 Tallahassee, FL 32302-1500

Re: Document #S68285

2001 UBR – GT Commercial, Inc.

Dear Sir or Madam:

Enclosed please find my company's 2001 UBR along with payment in the amount of \$150.00 (One Hundred Fifty Dollars). My office receives UBRs for six different entities, but for some reason we did not receive ANY of the First Notices this year. I phoned your offices upon receipt of the Second Notices for my companies, and was advised to send the "on-time" payments with a letter of explanation.

Please direct any questions you have to my General Manager, Pamela Ferris. To avoid running into this problem next year, I have asked Ms. Ferris to mark her calendar to contact your offices by-April-1₃-2002, if we have not received our First Notices. Thank you for your courtesy in this matter and with best regards, I remain

Yours truly

Dresident