

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90466 001 ***150.00

DOCUMENT # P000Q0037801

1. Entity Name

G. GAY LEGE, P.A.

DO NOT WRITE IN THIS SPACE

80068600

2. Principal Place of Business
15 Beach Drive, East
Suite, Apt. #, etc. Gulf Pines

3. Mailing Address
15 Beach Drive, East
Suite, Apt. #, etc. Gulf Pines

DO NOT WRITE IN THIS SPACE

City & State
Destin, FL

City & State
Destin, FL

4. FEI Number
59-3643113

Applied For
Not Applicable

Zip
32541

Country

Zip
32541

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
G. Gay Landreth

Street Address (P.O. Box Number is Not Acceptable)
15 Beach Drive, East Gulf Pines

City Destin FL Zip Code 32541

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 reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
G. Gay Landreth
15 Beach Drive, East Gulf Pines
Destin, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
Jeffrey A. Landreth
15 Beach Drive, East Gulf Pines
Destin, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Gay Landreth, President

Date

Daytime Phone #

CR2E034B (12/01)