## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000081731

1. Entity Name GINGER OF MARTIN COUNTY, INC.



**FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90407 010 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME					9		
Sure, April #, etc.   Suite, April #, etc.   Guntry   G	2168 GINGER TERRACE		618 NE JENSEN BCH BLVD				0 (H44) M64 (84)
Cry & State  Cry &	2. Principal F	Place of Business	3. Mailing Address				
ZP Country Zp Country Speak Co	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
Section   Sect	City & Stat	e	City & State		4. FEI Number 65-0717179	<del> </del>	
CHRIS TWOHEY 312 DENVER AVENUE STUART FL 34994  City  City  FL  Zip Code  FL  FL  City  FL  Zip Code  FL  City  FL  Zip Code  FL  City  FL  Zip Code  FL  FL  City  FL  Zip Code  FL  FL  City  FL  Zip Code  FL  City  FL  Zip Code  FL  FL  City  FL  Zip Code  FL  FL  City  FL  Zip Code  FL  FL  City  FL  City  FL  City  FL  City  FL	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	ditional
CHRS TWOHEY 312 DEWCR AVENUE STUART FL 34994  City FL Zp Code  City FL Zp Code  City FL Zp Code  6. The above named entity submits this statement for the purpose of changing list registered office or registered agent, or both, in the State of Florida. Turn familiar with, and accept the obligations of registered agent.  Significant hyper or prime terms of registered agent.  Significant hyper or prime terms of registered agent.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAKE  TANNER, BRUND  TOWNST-2P  JENSEN BEACH FL 34957  TITLE  MAKE  SIRET ADDRESS  GITY-S1-2P  Change Addition  MAKE  MAKE  SIRET ADDRESS  GITY-S1-2P  Change Addition  TITLE  MAKE  SIRET ADDRESS  GITY-S1-2P  Change Addition  MAKE  SIRET ADDRESS  GITY-S1-2P  Change Addition  TITLE  MAKE  SIRET ADDRESS  GITY-S1-2P  TITLE  MAKE  SIRET ADDRESS  GITY-S1-2P  Change  Addition  TITLE  MAKE  SIRET ADDRESS  GITY-S1-2P  Change  Addition  TITLE  Change		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe	red Agent	··- =-==
STUART FL 34994  City FL Z p Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the pulpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the pulpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the pulpose of pulpose agent and the familiar with and accept the pulpose of pulpose agent and the familiar with and accept the pulpose agent and the familiar with and accept the pulpose agent and the familiar with and accept the pulpose agent and the familiar with and accept the pulpose agent and the familiar with and accept the pulpose agent and the familiar with and accept the pulpose agent and the familiar with and accept the pulpose agent and the familiar with and accept the pulpose agent and the familiar with and accept the pulpose agent agents agen		· · · · · · · · · · · · · · · · · · ·			s (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. I am familiar with, and accept the dollpations of registered agent.    City FL Zip Code				W-1-17 day.			
the colligations of registered agent.  SIGNATURE    FILE NOW!!   FEE IS \$150.00		· •				<b></b>	į.
SIGNATURE    Signature Install or printed manner of registered appear and filtre of applicability. (INDTE Progressived Appear signature required when reinstating).   DATE    PILE NOW!!!   FIEE IS \$150.00   After May 1, 2003 Fee will be \$550.00   Make Check Payable to Floridal Department of State	the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing	its registered office or regist	ered agent, or both, in the State of Florida.	am familiar with,	and accept
After May 1, 2003 Fee will be \$55.00 May Be Addet to Flebrida Department of State  10.		Signature, typed or printed name of registered agent	and title if applicable. (No	DTE: Registered Agent signature requir	red when reinstating)	ATE	
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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:** 

772 334 7700