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

FILED May 19, 2002 8:00 am Secretary of State 05-19-2002 90116 001 ***300.00

DOCUN 1. Entity Name	17/0000	2644	7		00 17 200		2 200,000
G & 0	G BUILDING CONTR	ACTORS, INC.					
	O NOT WRITE	IN THIS SP	ACE				
2. Principal Place of Business 4761-6 Bayou Blvd.		3. Mailing Address 4761-6 Bay				_	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPAC	
City & State		City & State Pensacola,	FL	4. FEI	Number 59-3456	934	Applied For Not Applicable
Pensacola, FL Zip Country		Zip 32503	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
3250	3 US	32303	U3 	7Name	and Address of Current F		·
			Name	Gerald	S. Cherneko	ff [.]	!
	DO NOT W	RITE	Street Ad	dress (P.O. Box	Number is Not Acceptable)		
	IN THIS SE	PACE		303 PIA	ntation Hil	l Rd.	
			City			E 1 Z	ip Code
			<u> </u>	Gulf Br			32561
8. The above	named entity submits this statement f	or the purpose of changing its	registered office or	registered agent	or both, in the State of Flor	rida.	
. OVERTATION							
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Agent signatur	e required when reinst	iting)	DATE	
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After May Amende	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 Sta		 Election Campaign Fina Trust Fund Contribution 		\$5.00 May Be Added to Fees
11.	OFFICERS AND						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chernekoff, Ger 4761-6 Bayou Bl Pensacola, FL	cald S. Lvd. 32503	ITITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000020,		TITLE NAME STREET ADDRESS CITY-ST-ŽIP				
TITLE			TITLE				
NAME STREET ADDRESS	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		- NAME************************************	* * **********************************	BA HAT		
CITY-ST-ZIP			CITY+ST+ZIP		DO NOT	AAKIII	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN THIS	SPACE	
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS GITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				
	certify that the information supplied w on this report or supplemental report rooration or the receiver or trustee er	ith this filing does not qualify for is true and accurate and that npowered to execute this repo	T	ted in Section 11 ave the same leg hapter 607, Florid	9.07(3)(i), Florida Statutes. Ial effect as if made under o Ia Statutes: and that my na	I further certify to bath; that I am a me appears in	nat the information n officer or director Block 11 or on an