

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 445205**

1. Entity Name

CARL H. GAMMON & SONS, INC.**FILED**
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90695 027 ***550.00

0621965 AV

Principal Place of Business

285 SW 33RD ST.
FT LAUDERDALE FL 33315
US

Mailing Address

285 SW 33RD ST.
FT LAUDERDALE FL 33315
US

2. Principal Place of Business

283 SW 33RD ST.

Suite, Apt. #, etc.

3. Mailing Address

283 SW 33RD ST.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FLZip
33315Country
US

City & State

FT LAUDERDALE, FLZip
33315Country
US

4. FEI Number

59-1508586

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GAMMON, CARL H
6391 MOSELEY ST
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PD**
GAMMON, CARL H
6391 NW MOSELEY ST
HOLLYWOOD FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**SD**
GAMMON, MARGUERITE M
6391 NW MOSELEY ST
HOLLYWOOD FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:*Carl H. Gammon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/02

Date

(954) 527-4414

Daytime Phone #

CR2E034 (9/01)