

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 618606

1. Entity Name

G & E ENTERPRISES, INC.

Principal Place of Business

3350 SW 15 ST
DEERFIELD BCH FL 33442
US

Mailing Address

3350 SW 15 ST
DEERFIELD BCH FL 33442-8126
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HUGHES RANDAL R
9677 N SPRINGS WAY
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7500 BRISTOL LANE

City

PARKLAND

FL

Zip Code
33076

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, 2000 Fee will be \$550.00
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
VAST
REYNOLDS, DANIEL A.
3086 NE 7 DRIVE
BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSAT
HUGHES, RANDAL R.
7500 BRISTOL LANE
PARKLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
REYNOLDS, BARTON F
802 NW 69 TERR
MARGATE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
REYNOLDS, DANIEL A
3086 NE 7 DRIVE
BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

TITLE
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:

RANDAL R. HUGHES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00
Date

(954) 752-4967
Daytime Phone #

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90042 034 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1911131** ☐ Applied For
☐ Not Applicable

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