

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002895

1. Entity Name

G & G EXPRESS, INC. OF INDIANA

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90034 007 ***150.00

Principal Place of Business

Mailing Address

1940 WESTMINSTER CIR

PO BOX 600216

VERO BEACH FL 32956

VERO BCH FL 32909-0216

VERO BEACH FL 32956

US

2. Principal Place of Business

3. Mailing Address

302 Joyhaven Drive

P.O. BOX 780312

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEBASTIAN, FL

SEBASTIAN

Zip

Zip

Country

32958

Indian River FL

Indian River

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORTON, JANICE

1940 WESTMINSTER CR. #7

VERO BEACH FL 32966

Name

KENNETH E. NORTON

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

302 JOYHAVEN DRIVE

City

SEBASTIAN

FL

Zip Code

32958

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

3/07/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JOHNSON, JANICE A
1940 WESTMINSTER CR #7
VERO BCH FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
KENNETH E. NORTON
302 Joyhaven Drive
SEBASTIAN, FL
32958

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
NORTON, KENNETH E
302 JOYHAVEN DRIVE
SEBASTIAN FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KELLI NORTON
302 Joyhaven Drive
SEBASTIAN, FL
32958

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/2000 561-388-3162

Date

Daytime Phone #

CR2E034 (9/99)