

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90868 027 ***158.75

DOCUMENT # F98000004857

1. Entity Name
G2 MANAGEMENT CORPORATION

Principal Place of Business
**2215 VALRICO FOREST DRIVE
 VALRICO FL 33594**

Mailing Address
**2215 VALRICO FOREST DRIVE
 VALRICO FL 33594-3710**

2. Principal Place of Business
Same

3. Mailing Address
Same

City & State

City & State

4. FEI Number **91-1902651**

Applied For
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIFFIN, WAYNE
 2215 VALRICO FOREST DRIVE
 VALRICO FL 33594**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PCD <input type="checkbox"/> Delete	GRIFFIN, WAYNE 2215 VALRICO FOREST DRIVE VALRICO FL 33594	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
V <input checked="" type="checkbox"/> Delete	GRIFFIN, DONNA 2105 JOHNSON STREET PLANT CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D <input checked="" type="checkbox"/> Delete	GRIFFIN, EVA J. 2642 CANAL DRIVE NORTH LAKELAND FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Wayne Griffin *President* **4/26/00** **813 685 9721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)