2002 UNIFORM BUSINESS REPORT (UBR)

G57131 DOCUMENT # **Secretary of State** 1. Entity Name 02-04-2002 90134 003 ***150.00 GAPPA, INC. Principal Place of Business Mailing Address % GEORGE PATTERSON **% GEORGE PATTERSON** 665 SOUTHEAST TENTH ST. 665 SOUTHEAST TENTH ST. DEERFIELD BEACH FL 33441-5684 DEERFIELD BEACH FL 33441-5684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2321429 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATTERSON. GEORGE Street Address (P.O. Box Number is Not Acceptable) 665 SOUTHEAST TENTH ST. **DEERFIELD BEACH FL 33441** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) ☐ Change ☐ Addition TITLE TITLE ☐ Delete PATTERSON, GEORGE A NAME CR2E034 1528 SE 12TH CT STREET ADDRESS STREET ADDRESS DEERFIELD BCH, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PATTERSON, MIRIAM B NAME 1528 SE 12TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH, FL 00000 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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.

FILED

Feb 04, 2002 8:00 am