

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90003 030 \*\*\*150.00

0044220 AV

**DOCUMENT # G63204**  
 1. Entity Name  
**GANT ASSOCIATES, INC.**

Principal Place of Business % JAMES L. "JACK" GANT 3012 AVON CIRCLE TALLAHASSEE FL 32312	Mailing Address % JAMES L. "JACK" GANT 3012 AVON CIRCLE TALLAHASSEE FL 32312
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2326487</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GANT, JAMES L. "JACK"**  
**3012 AVON CIRCLE**  
**TALLAHASSEE FL 32312**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

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 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	<b>P</b> <b>GANT, JAMES L. "JACK"</b> <b>3012 AVON CIRCLE</b> <b>TALLAHASSEE FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>GANT, GLORIA W.</b> <b>3012 AVON CIRCLE</b> <b>TALLAHASSEE FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HINSON, JACQUELYN</b> <b>3211 WHEATLEY ROAD</b> <b>TALLAHASSEE FL 32310</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: JAMES L. GANT **JAMES L. GANT** 1-7-02 850-386-5957  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CRPE034 (9/01)