2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H98639 **DOCUMENT #**

1. Entity Name



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90119 026 ***150.00

GOO WE TEN

GAINES C	ORPORATION									
Principal Place 101 JACOBS LA SARASOTA FL	ANE	Mailing Address 101 JACOBS LANE SARASOTA FL 34240								
Principal Place of Business 3. Mailing Address				<u>.</u>	1			(8) 8 8 8 8		
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. F	59-2647609			plied For t Applicable	
Zip Country		Zip	Country		5. (Certificate of Status Desired		.75 Add Required		
	- 6. Name and Address of Currer	nt Registered Agent	1		71	Name and Address of New Regi	stered Age	nt		
	G. Hallie and Addition of Culture			Name		•				i
	erger, beth e. Ave. West, suite 410			Street Address	(P.O. B	ox Number is Not Acceptable)				
	ON FL 34205									l
Di a DEI III				City			FL	Zip Code	е	
8. The above the obligati	named entity submits this statement ions of registered agent.	for the purpose of changin	g its register	ed office or regist	ered ag	gent, or both, in the State of Florida	a. I am fam	illiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	ed Agent signature requir	red when r	einstating)	DATE			
	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Finance	ring	\$5.0	10 May Be	
After	May 1, 2003 Fee will be \$550.0	00				Trust Fund Contribution.			d to Fees	ļ
	Payable to Florida Department		11.			L ODITIONS/CHANGES TO OFFICE	RS AND D	RECTOR	S IN 11	1
10.		ND DIRECTORS Delete	TITL		, , ,	35/110/10/ 01// 11/025 10 11/10		Change	Addition	(20
TITLE NAME	PD Gaines, Gary L.	T Delete	NAM	l						CR2E034 (10/02)
STREET ADDRESS	101 JACOBS LANE		STR	EET ADDRESS						疑
CITY-ST-ZIP	SARASOTA FL 34240		CITY	Y-ST-ZIP			<u></u>			띥
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NAME	GAINES, ELIZABETH		NAM	1						
STREET ADDRESS	101 JACOBS LANE			REET ADDRESS Y-ST-ZIP						
CITY-ST-ZIP	SARASOTA FL 34240		TITE					Change	☐ Addition	1
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CITY-ST-ZIP				ry-st-zip						
12. I hereby	certify that the information supplied to this report or supplemental report	with this filing does not qua ort is true and accurate and	lify for the ex that my sign	temption stated in lature	Section he same	n 119.07(3)(i), Florida Statutes. I fu e legal effect as if made under oa	urther certif th: that I an	y that the	information er or director	

indicated on this report or supplemental report is true and accurate and that my signature grain have the same regar effect as it made under oath; that i arrivan 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: