## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

J55750

1. Entity Name

G & L SERVICES, INC.



## **FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90029 032 \*\*\*150.00

			No.			
Principal Place of Business 1341 CINDER LANE KISSIMMEE FL 34744		Mailing Address 1341 CINDER LANE KISSIMMEE FL 3474	4			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2771353	<u> </u>	oplied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	litional
٠.,	-6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registere	•	
BUCH C	EORGE M. SR.		Name			
1341 CIN	ider lane.		Street Address	(P.O. Box Number is Not Acceptable)	Box Number is Not Acceptable)	
KISSIMM	EE FL 34744					
	·		City	F	Zip Code	;
ine obliga	e named entity submits this statement tions of registered agent.	for the purpose of changin	g its registered office or registe	ered agent, or both, in the State of Florida. I ar	_ ,	and accept
SIĞNATURE						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registered Agent signature require	od when reinstating) DATE		
	FILE NOW!!! FEE IS \$150.00					
Afte Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State		S. Election Campaign Financing     Trust Fund Contribution.		May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	IN 11
TITLE NAME	PD BUSH, GEORGE M. SR.	Delete	TITLE		☐ Change	Addition
STREET ADDRESS	1341 CINDER LANE		NAME STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL		CITY-ST-ZIP	·		
TITLE	STDV	☐ Delete	TITLE		☐ Change	Addition
NAME	BUSH, LINDA J.		NAME			
STREET ADDRESS CITY-ST-ZIP	1341 CINDER LANE KISSIMMEE FL		STREET ADDRESS CITY-ST-ZIP			
TITLE		Delete Delete			- Change	¹ Addition
NAME			NAME		L Change	□ Modition 1
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
TITLE			CITY-ST-ZIP	<u></u>		
NAME		☐ Delete	TITLE NAME		☐ Change	Addition .
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP		•	
TITLE NAME		☐ Delete	TITLE		☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS			-
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	····	☐ Delete	TITLE		☐ Change	Addition
NAME Street address			NAME			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: