

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90191 033 ***150.00

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DOCUMENT # J64526

1. Entity Name
G & B MARKETING, INC.



Principal Place of Business
**C/O GARY MICHALOWSKI
481 SHADOW WOOD LN
CORAL SPRINGS FL 33071
US**

Mailing Address
**C/O GARY MICHALOWSKI
481 SHADOW WOOD LN
CORAL SPRINGS FL 33071
US**



2. Principal Place of Business
166 SE CRESTWOOD CIR
Suite, Apt. #, etc.

3. Mailing Address
166 SE CRESTWOOD CIR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
STUART, FL

City & State
STUART, FL

4. FEI Number
59-2808296

Applied For
☐ Not Applicable

Zip
34997

Country
USA

Zip
34997

Country
USA

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

6. Name and Address of Current Registered Agent

**MICHALOWSKI, GARY
481 SHADOW WOOD LN
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name
GARY MICHALOWSKI
Street Address (P.O. Box Number is Not Acceptable)
166 SE CRESTWOOD CIR
City **STUART** FL Zip Code **34997**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GARY MICHALOWSKI**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-21-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **MICHALOWSKI, GARY**
STREET ADDRESS **481 SHADOW WOOD LN**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VS** ☐ Delete
NAME **MICHALOWSKI, BETTY**
STREET ADDRESS **481 SHADOW WOOD LN**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☐ Addition
NAME **MICHALOWSKI, GARY**
STREET ADDRESS **166 SE CRESTWOOD CIR**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **VS** ☒ Change ☐ Addition
NAME **MICHALOWSKI, BETTY**
STREET ADDRESS **166 SE CRESTWOOD CIR**
CITY-ST-ZIP **STUART, FL 34997**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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: **BETTY MICHALOWSKI** **4-21-03** (954) 816-9360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)