

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90056 034 ***150.00

DOCUMENT # J69275

1. Entity Name
T & G CORPORATION

Principal Place of Business 7131 GRAND NATIONAL DRIVE STE. 106 ORLANDO FL 32819 US	Mailing Address 7131 GRAND NATIONAL DRIVE STE. 106 ORLANDO FL 32819-8908 US
---	--



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	Zip	Country

4. FEI Number 59-2806739	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent
**DI MASI, JOHN L
 2699 LEE ROAD, SUITE 120
 WINTER PARK FL 32789**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2000 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

TITLE P	☐ Delete
NAME GONZALEZ, RICARDO H	
STREET ADDRESS 7131 GRAND NATIONAL DRIVE, STE. 106	
CITY-ST-ZIP ORLANDO FL	
TITLE VP	☐ Delete
NAME GRABOSKY, DAVID M	
STREET ADDRESS 7131 GRAND NATIONAL DRIVE, STE. 106	
CITY-ST-ZIP ORLANDO FL	
TITLE ST	☐ Delete
NAME WRIGHT, MICHAEL T	
STREET ADDRESS 7131 GRAND NATIONAL DRIVE, STE. 106	
CITY-ST-ZIP ORLANDO FL	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 507, 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: Michael T. Wright 4/14/00 407-352-4443
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)