

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J69275

1. Entity Name

T & G CORPORATION

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90034 037 ***150.00

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

DI MASI, JOHN L
2699 LEE ROAD, SUITE 120
WINTER PARK FL 32789

City

Orlando

FL

Zip Code

32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/01
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, 2001 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 P
NAME GONZALEZ, RICARDO H
STREET ADDRESS 7131 GRAND NATIONAL DRIVE, STE. 106
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE VP
NAME GRABOSKY, DAVID M
STREET ADDRESS 7131 GRAND NATIONAL DRIVE, STE. 106
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE ST
NAME WRIGHT, MICHAEL T
STREET ADDRESS 7131 GRAND NATIONAL DRIVE, STE. 106
CITY-ST-ZIP ORLANDO FL

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TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael T. Wright

4/10/01
Date

(407) 352-4443
Daytime Phone #

CR2E034 (10/00)