

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # K84571

1. Entity Name

G.A. SIDDALL CO., INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90032 005 \*\*\*150.00

Principal Place of Business

Mailing Address

2190 S. E. 13TH ST.  
SUITE 314  
FT. LAUDERDALE FL 33316

4737 NE 25 AVE  
FT. LAUDERDALE FL 33308-4863  
US

2. Principal Place of Business

3. Mailing Address

SAME AS MAILING

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0097890

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

SIDDALL, GREGORY A.  
4737 NE 25 AVE  
FT. LAUDERDALE FL 33308

Name

MARY ANN SIDDALL

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

4737 NE 25 AVE # 104

City

Ft. Lauderdale

FL

Zip Code

33308

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

Mary Ann Siddall

(NOTE: Registered Agent signature required when reinstating)

DATE

5-4-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	SIDDALL, MARY ANN	
STREET ADDRESS	4737 NE 25 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SIDDALL, GREGORY A	
STREET ADDRESS	4737 NE 25TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN SIDDALL	
STREET ADDRESS	4737 NE 25 AVE # 104	
CITY-ST-ZIP	Ft. Lauderdale, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 REQUIRED

Mary Ann Siddall

5-4-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)