## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K93848** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name JOHN E. GREGORY, INC. 04-22-2000 90028 034 \*\*\*150.00 Principal Place of Business Mailing Address 4706 NE 11TH AVE 4706 NE 11TH AVE OAKLAND PARK FL 33334 OAKLAND PARK FL 33334-3952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0127205 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name GREGORY, JOHN E. Street Address (P.O. Box Number is Not Acceptable) 61 NORTHEAST 48TH COURT 4706 NE 11th Avenue FT. LAUDERDALE FL 33334 City Oakland Park, Zip Code 33334-3952 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE X Change TITLE ☐ Delete P/V GREGORY, JOHN E. NAME MAME STREET ADDRESS 61 N.E. 48TH COURT STREET ADDRESS CITY-ST-ZIP City-St-ZIP FT. LAUDERDALE FL Change TITLE ☐ Addition ☐ Delete TITLE S/T GREGORY, KATHERINE J. NAME NAME STREET ADDRESS 61 NE 48TH COURT STREET ADDRESS 2070 NE 65th Street CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Fort Lauderdale, Florida 33308 ☐ Change TT Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

the belega

John E. Gregory

(954) 771-5828

Daytime Phone #

Date