

FILED
Aug 29, 2003 8:00 am
Secretary of State

07-17-2003 90022 011 ***150.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000032404			
1. Entity Name G&C, LLC			
Principal Place of Business 100 S. ASHLEY DRIVE SUITE 100 TAMPA FL 33602		Mailing Address P.O. BOX 1832 TAMPA FL 33601-1832	
2. Principal Place of Business 701 S Howard Ave Suite, Apt. #, etc. 201 City & State Tampa FL Zip 33606		3. Mailing Address 701 S Howard Ave Suite, Apt. #, etc. 201 City & State Tampa, FL Zip 33606	
4. FFI Number 06-234-1577		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GREWE, DONALD G 100 S. ASHLEY DRIVE SUITE 100 TAMPA FL 33602		7. Name and Address of New Registered Agent 701 S. HOWARD AVE #201 Tampa FL 33606	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE _____ NAME DONALD G GREWE STREET ADDRESS 701 S. HOWARD AVE #201 CITY-ST-ZIP TAMPA FL 33606 ☐ Delete PREZ		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition	
TITLE _____ NAME JAMES D CLARK STREET ADDRESS 701 S. HOWARD AVE #201 CITY-ST-ZIP TAMPA FL 33606 ☐ Delete SEO/Manager		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: [Signature]		7/14/03 813-2500608	
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



Attachment

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

55050281

July 21, 2003

G&C, LLC
P.O. BOX 1832
TAMPA, FL 33601-1832

Subject: G&C, LLC

Reference Number: L02000032404

#L02000032404

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

PLEASE PRINT OR TYPE CLEARLY

THE INFORMATION ON THIS REPORT IS FOR THE USE OF THE FLORIDA DEPARTMENT OF STATE AND IS NOT TO BE USED FOR ANY OTHER PURPOSE.

ANNUAL REPORTS SECTION

Call Hannah +
Vinda +
get info, pl.
Just Ramona, first.
I do not know
my name
per