

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002990

1. Entity Name

G. G. & J. OF COCOA BEACH, L.C.

**FILED**  
Jan 11, 2002 8:00 am  
Secretary of State

01-11-2002 90012 047 \*\*\*\*\*50.00

Principal Place of Business  
249 WEST COCOA BEACH CAUSEWAY  
COCOA BEACH FL 32931

Mailing Address  
249 WEST COCOA BEACH CAUSEWAY  
COCOA BEACH FL 32931

004104

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

65-0922125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, GLENDA J  
249 WEST COCOA BEACH CAUSEWAY  
COCOA BEACH FL 32931

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MARTIN, GLENDA J  
5800 N. BANANA RIVER RIVER, #225  
CAPE CANAVERAL FL 32920

☐ Delete

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☐ 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: *Glenda Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAN 3, 2001 321 799-9190  
Date Daytime Phone #

0029135

1/10/02 10:01