

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006204

1. Entity Name

~~GROUP-Z, INC.~~

GROUP-Z, INC.

Principal Place of Business

40298 HENDERSON BLVD.
TAMPA FL 33629

Mailing Address

40298 HENDERSON BLVD.
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GANTHER, JAMES S

GANTHER & FEE, P.A.

101 E. KENNEDY BLVD., STE. 1030

TAMPA FL 33602

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME ☐ Delete
PRESIDENT / VP / SEC / TREAS / DIR.
RICHARD C. THURLEY
40298 HENDERSON BLVD.
TAMPA, FL 33629

TITLE NAME ☐ Change ☐ Addition
600004658228-2
-10/30/01--01005--017
****150.00 ****150.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01 (813) 221-3746

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 AM 11:27



DO NOT WRITE IN THIS SPACE

4. FEI Number

593617336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (5/01)

GROUP Z



October 15, 2001

**Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500**

To Whom It May Concern:

I am writing this to explain why I am sending this to you at this late date. Being that this is a new corporation this is the first time I have ever had to file one of these forms, thus I was not aware that it needed to be filed earlier. Otherwise I would have contacted your office to let you know that I didn't receive the 2001 UBR. I received this form in the mail on Friday October 12, 2001 for the first time. Thus I am asking to be relieved from the additional fee's imposed. Additionally your spelling of the corporation name was incorrect, I contacted your office today and they made the necessary change.

Thank you,

**Ric Thurlby
Principal**