

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90211 042 ***150.00

DOCUMENT # P00000018123

1. Entity Name
G & L OUTDOOR SERVICES, INC.

Principal Place of Business

**1128 BUCKBEAN BRANCH
 BALTIMORE MD**

Mailing Address

**1128 BUCKBEAN BRANCH
 JACKSONVILLE FL 32259**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

225 Carolina Jasmine Ln
 Suite, Apt. #, etc.

3. Mailing Address

225 Carolina Jasmine Ln
 Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3626053

Applied For

Not Applicable

Zip

32259

Country

US

Zip

32259

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PEPPER, RICHARD C JR.
 3030 HARTLEY RD., SUITE 150
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2002 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

TITLE	PVD	<input type="checkbox"/> Delete
NAME	HARRINGTON, GEORGE H JR.	
STREET ADDRESS	1128 BUCKBEAN BRANCH	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRINGTON, LAURIE L	
STREET ADDRESS	1128 BUCKBEAN BRANCH	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HARRINGTON, LINDA L	
STREET ADDRESS	1128 BUCKBEAN BRANCH	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRINGTON, GEORGE SR	
STREET ADDRESS	232 VILLAGE GREEN AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	225 Carolina Jasmine Lane	
CITY-ST-ZIP	Jacksonville FL 32259	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	225 Carolina Jasmine Lane	
CITY-ST-ZIP	Jacksonville FL 32259	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deceased	
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 **Laurie L Harrington**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02
 Date

904-287-6762
 Daytime Phone #

CR2E034 (9/01)