

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90120 049 ***150.00

0042046 AV

DOCUMENT # P00000018123

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



Principal Place of Business
**225 CAROLINA JASMINE LANE
JACKSONVILLE FL 32259
US**

Mailing Address
**225 CAROLINA JASMINE LANE
JACKSONVILLE FL 32259
US**

00000123



2. Principal Place of Business
Baltimore, MD
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Glen Burnie, MD
Zip
21061
Country
USA

City & State
FL
Zip
32257
Country
USA

4. FEI Number **59-3626053** Applied For
☐ Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD HARRINGTON, GEORGE H JR. 225 CAROLINA JASMINE LANE JACKSONVILLE FL 32259 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRINGTON, LAURIE L 225 CAROLINA JASMINE LANE JACKSONVILLE FL 32259 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRINGTON, GEORGE SR 232 VILLAGE GREEN AVE JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-03 904-287-6762
Date Daytime Phone #

CR25034 (10/02)