

Apr 05 02 03:26p

sparkman and quinn pa

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Xiu Qiong CEN APInstr

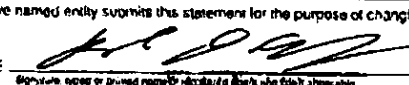
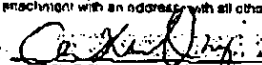
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3/20/02-9006

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-20-2002 90067 016 ***155.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024893			
1. Entity Name GREGG HOLDINGS, INC.			
Principal Place of Business 261 9TH STREET SO NAPLES FL 34102		Mailing Address 261 9TH STREET SO NAPLES FL 34102	
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 59-3644447		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent E. GLENN TUCKER SUN BANK CENTRE, SUITE 204 850 NORTH COLLIER BOULEVARD MARCO ISLAND FL 34145		7. Name and Address of New Registered Agent Name SPARKMAN & QUINN, P.A. Street Address (P.O. Box Number is Not Acceptable) 307 Airport Pulling Rd North City Naples FL 34109	
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 			
9. This corporation is eligible to satisfy its filing requirements and needs to do so.		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 NAME STREET ADDRESS CITY-ST-ZIP	ED DIANG, CON KIM 7070 LAKE OAK BLVD NAPLES FL 34109	☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGG, ANITA P O BOX 1 OXFORD EN	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOF PAUL GREGG P O BOX 16 OXFORD EN	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREGG, Anita 261 9th St S Naples FL 34102	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 as changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:  Director of education. 3/3/02 941-463-2320			

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DO NOT WRITE IN THIS SPACE

GREGG (907)