Apr 05 02 03:26p sparkman and quinn pa 941

Apr 04 02 01:49p Xiu Qiong CEN APInstr 941

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	Mailing Address
261 9TH STREET SO. NAPLES FL 34102	261 9TH STREET SO. NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

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 ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
E. GLENN TUCKER SUN BANK CENTRE - SUITE 204 950 NORTH COLLIER BOULEVARD MARCO ISLAND FL 34145	Name SPARKman & Quinn, PA. Street Address (P.O. Box Number Is Not Acceptable) 307 Airport Pulling Rd North City Naples FL Zip Code 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 [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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	MGR GreGG, Anita 261 9th ST S Naples FL 34102.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GREGG, ANITA P O BOX 1 OXFORD EN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DOF PAUL, GREGG P O BOX 16 OXFORD EN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

SIGN HERE

CR2E034 (9/01)

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.

(CEN, Xiu Qiong)

SIGNATURE: [signature] Director of education. 3/3/02 941-263-2320.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #