

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91739 031 ***150.00

DOCUMENT # P00000037393
1. Entity Name G&L REAL ESTATE, INC

DO NOT WRITE IN THIS SPACE

| | | | |
|--|-----------------------|---|-----------------------|
| 2. Principal Place of Business <u>(new)</u> <u>VENICE, FL</u> ← ADDRESS | | 3. Mailing Address <u>1022 HUDSON RD</u> | |
| Suite, Apt. #, etc. <u>1022 HUDSON RD</u> | | Suite, Apt. #, etc. <u>VENICE</u> | |
| City & State <u>VENICE, FL</u> | | City & State <u>FL</u> | |
| Zip <u>34293</u> | Country <u>USA</u> | Zip <u>34293</u> | Country <u>USA</u> |

DO NOT WRITE IN THIS SPACE

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|---|--|--|
| 4. FEI Number <u>65-1000803</u> | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

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7. Name and Address of Current Registered Agent

Name FREDA LIVESAY
Street Address (P.O. Box Number is Not Acceptable)
1022 HUDSON RD
City VENICE, FL Zip Code 34293

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 Freda Livesay DATE 4/29/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | <u>D FREDA LIVESAY 1022 HUDSON RD VENICE, FL 34293</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Freda Livesay DATE 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)