

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90128 042 ***550.00

001750 AV

DOCUMENT # P00000056915

1. Entity Name
G & H COMMUNICATIONS, INC.

LA

Principal Place of Business

**1307 CARDINAL
 ORLANDO FL 32803**

Mailing Address

**1307 CARDINAL
 ORLANDO FL 32803**

CU072859



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4214 VIXEN CRT.

Suite, Apt. #, etc.

3. Mailing Address

4214 VIXEN CRT.

Suite, Apt. #, etc.

City & State

OVIEDO FL

City & State

OVIEDO FL

4. FEI Number

59-3652300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAKEFIELD, CRAIG
 1400 W. OAK STREET
 SUITE A
 KISSIMMEE FL 34741**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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
**PSTD
 HAAN, GILBERT P II
 1307 CARDINAL
 ORLANDO FL 32803** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**4214 VIXEN CRT.
 OVIEDO, FL 32765** ☐ 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
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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)(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:

Gilbert P. Haan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICKY HAAN HATTER
 HIS ATTORNEY IN FACT

7/5/01 407/365-1017
 Date Daytime Phone #

CR2E034 (5/01)