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2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT**

Aug 08, 2003 8:00 am Secretary of State P00000071637 DOCUMENT # 08-08-2003 90095 049 ***150 00 1. Entity Name G G GIRLS, INC. Principal Place of Business Mailing Address 459-EAST GRANADA BLVD. 460 EAST GRANADA BLVD. ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 2. Principal Place of Business 3. Mailing Address East Granada Same Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3661758 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAMBERT, WILLIAM N Street Address (P.O. Box Number is Not Acceptable) 433 SILVER BEACH AVE. **DAYTONA BEACH FL 32118** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITI F ☐ Delete TITLE Change | SURGUINE, PATRICIA A NAME NAME 104 N. ST. ANDREWS DR. STREET ADDRESS STREET ADDRESS **QRMOND BEACH FL 32174** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition GAMBERT, SUSAN S NAME NAME 6 WATERFRONT CT. STREET ADDRESS STREET ADDRESS **ORMOND BEACH FL 32174** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE

12. I hereby certify that the information supplied with this filling 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.

attachment



A Place for Cooks August 5, 2003 4P0000071437

To Whom It May Concern:

Am enclosing the Uniform Business Report that you recently sent me (second notice), along with the check for \$150.00 to renew my corporation. This is the first notice I have received. My business moved last October 1, 2002, and although my mail has been forwarded, I never received this notice to renew. I apologize for the delay and ask that you please waive the penalty. I am a small business with excellent credit and a very organized regimen. I certainly would never ignore an important document. Please make the necessary changes to my information to reflect the new address and sole ownership.

Thank you for your consideration and time in this matter.

Sincerely,

Patricia A. Surguine

President, GGGirls, Inc.

Owner

Patricia a. Durguin