

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

06-06-2001 90006 024 ***550.00

0121482 AT

DOCUMENT # P00000072794

1. Entity Name

G & R ENTERPRISES OF ST. PETERSBURG, INCORPORATE

Principal Place of Business

**3645-45TH AVE. N.
 ST. PETERSBURG FL 33714**

Mailing Address

**3645-45TH AVE. N.
 ST. PETERSBURG FL 33714**

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

59-3663685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ERICKSON, DOUGLAS J
 3645-45TH AVE. N.
 ST. PETERSBURG FL 33714**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Doug Erickson 3645 45th Ave N	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Toma Erickson 3645-45th Ave	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **X**

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-12-01

Date

(727) 528-9305

Daytime Phone #

CR2E034 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072794 - 76865

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Principal Place of Business

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ST. PETERSBURG FL 33714

Mailing Address

3645-45TH AVE. N.
ST. PETERSBURG FL 33714

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

59-3663685 0610124

Applied For

Not Applicable

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☐\$8.75 Additional
Fee Required

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ERICKSON, DOUGLAS J
3645-45TH AVE. N.
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

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 Agents (Signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☐FILE NOW
After MAY 1, 20
Make Check Payable to Department of StateFEE IS \$150.00
Fee will be \$550.00
to Department of State10. 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	<input type="checkbox"/> Delete Douglas Erickson President
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER - IF DIRECTOR

Date

Daytime Phone #

FEI # Per IRS
ID 89-01488
59-3663685

DO NOT WRITE IN THIS SPACE

CR2E034 (1/0/00)

Attachment
Doc# P00000072794
76865

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR MICR USE *

2119 75220

JUN -7 01

BANK OF AMERICA NA, N.A.
0000000074 E4011 90 P15
00001009068796 06/07/01
5510230403

IN CLEARINGS WORK
IN INHOUSE WORK
000000007491 8619 05000 00 060801

The security features listed below, as well as those not listed, are in accordance with industry guidelines.

Security Features:	MicroPrint Signatures	Chemically Sensitive Paper	Erasable Protection	Security Screen
	MicroPrint Signatures	Chemically Sensitive Paper	Erasable Protection	Security Screen

* Placed on a verification mark of the Check Payment Systems Association
* FEDERAL RESERVE BOARD OF GOVERNORS REG. CO

G & R ENTERPRIZES
PH 727-528-9305
3645 - 45TH AVE. N.
ST. PETERSBURG, FL 33714

A0072627 2760

Date May 22 01 63-943/631

SOUTHTRUST BANK
ST. PETERSBURG, FL

⑈002760⑈ ⑆⑈063109430⑈ 60 33A 855⑈

⑈0000055000⑈

Pay to the order of Department of State \$ 550.00
Five hundred & fifty 09/00 Dollars

[Signature]

Attachment
Doc# P00000072794
7/6/86



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 22, 2001

G & R ENTERPRISES OF ST. PETERSBURG, INCORPORATED
3645-45TH AVE. N.
ST. PETERSBURG, FL 33714

Subject: G & R ENTERPRISES OF ST. PETERSBURG, INCORPORATED

Reference: ~~P00000072794~~
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RR

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314