

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91276 022 ***150.00

DOCUMENT # P00000074290

1. Entity Name

THE GINTHER CORPORATION

Principal Place of Business

**5103 CARDINAL COVE CIRCLE
SANFORD FL 32771**

Mailing Address

**5103 CARDINAL COVE CIRCLE
SANFORD FL 32771**

2. Principal Place of Business

28160 McBean Parkway

3. Mailing Address

28160 McBean Parkway

Suite, Apt. #, etc.

23208

Suite, Apt. #, etc.

23208

City & State

VALENCIA, CA

City & State

VALENCIA, CA

Zip

91355

Country

LOS ANGELES

Zip

93155

Country

LOS ANGELES

6. Name and Address of Current Registered Agent

GINTHER, TERRY

1014 S.E. 5TH ST

CAPE CORAL FL 33990

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 \$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

TITLE **P** ☐ Delete
NAME **GINTHER, TERRY**
STREET ADDRESS **5103 CARDINAL COVE CIRCLE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition
NAME **DANIEL GINTHER**
STREET ADDRESS **28160 McBean Pky. #23208**
CITY-ST-ZIP **VALENCIA, CA 91355**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02 440 8930167

Date

Daytime Phone #

CR2E034 (9/01)