

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90076 035 \*\*\*150.00

**DOCUMENT # P00000075831**  
 1. Entity Name  
**GARAK INVESTMENTS, INC.**

Principal Place of Business      Mailing Address  
**4142 DORCHESTER CT.**      **4142 DORCHESTER CT.**  
**CHIPLEY FL 32428**      **CHIPLEY FL 32428**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2101 W. Hwy 390**      **2101 W. Hwy 390**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**1007**      **1007**  
 City & State      City & State  
**Lynn Haven**      **Lynn Haven**

4. FEI Number      Applied For  
**59-3664102**      Not Applicable

Zip      Country      Zip      Country  
**32444**      **Bay**      **32444**      **BAY**

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BABER, GEORGE L JR.**  
**4142 DORCHESTER CT.**  
**CHIPLEY FL 32428**

7. Name and Address of New Registered Agent  
 Name **BABER, GEORGE L JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2101 W. Hwy 390 # 1007**  
 City **Lynn Haven**      **FL**      Zip Code **32444**

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      DATE **4/24/02**  
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)

**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	<input type="checkbox"/> Delete
NAME	<b>D</b>
STREET ADDRESS	<b>BABER, GEORGE L JR.</b>
CITY-ST-ZIP	<b>4142 DORCHESTER CT.</b>
	<b>CHIPLEY FL 32428</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D</b>
STREET ADDRESS	<b>BABER, KAREN R</b>
CITY-ST-ZIP	<b>4142 DORCHESTER CT.</b>
	<b>CHIPLEY FL 32428</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2101 W Hwy 390 #1007</b>
CITY-ST-ZIP	<b>Lynn Haven FL 32444</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2101 W. Hwy 390 #1007</b>
CITY-ST-ZIP	<b>Lynn Haven FL 32444</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:      Date **24/4/02**      Daytime Phone # **850 248-0048**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)