

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90369 013 ***150.00

DOCUMENT # P00000075831



1. Entity Name
GARAK INVESTMENTS, INC.

Principal Place of Business
2101 W HWY 390
1007
LYNN HAVEN FL 32444

Mailing Address
2101 W HWY 390
1007
LYNN HAVEN FL 32444



2. Principal Place of Business
1310 Vermont Ave

3. Mailing Address
1310 Vermont Ave

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Lynn Haven FL

City & State
Lynn Haven FL

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

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

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

6. Name and Address of Current Registered Agent
BABER, GEORGE L JR.
2101 W HWY 390
#1007
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent
Name **Baber, George L Jr**
Street Address (P.O. Box Number is Not Acceptable)
1310 Vermont Ave.
City **Lynn Haven, FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **4/8/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABER, GEORGE L JR. <i>ok</i> 2101 W HWY 390, #1007 LYNN HAVEN FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Baber, George 1310 Vermont ave Lynn Haven FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABER, KAREN R <i>ok</i> 2101 W HWY 390, #1007 LYNN HAVEN FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Baber, Karen 1310 Vermont ave Lynn Haven FL 32444
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
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
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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **4/8/03**

SIGNATURE REQUIRED

Signature and typed or printed name of signing officer or director

CR2E034 (10/02)