

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90196 040 ***150.00

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DOCUMENT # P00000113402

1. Entity Name
DOUBLE G CONSULTING, INC.



Principal Place of Business
7882 SAILBOAT KEY BLVD. #108
SOUTH PASADENA FL 33707

Mailing Address
7882 SAILBOAT KEY BLVD. #108
SOUTH PASADENA FL 33707

90010611



2. Principal Place of Business
12366 Capri Circle N.
Suite, Apt. #, etc.

3. Mailing Address
12366 Capri Circle N.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Treasure Island, FL.
Zip
33706
Country
USA

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Treasure Island, FL.
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4. FEI Number **59-3733947**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHOADES, JOHN A
2525 PASADENA AVENUE SOUTH
SUITE H
ST. PETERSBURG FL 33707

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **(NOTE: Registered Agent signature required when reinstating)** **DATE** _____

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **GRAY, GREGORY A**
STREET ADDRESS **7882 SAILBOAT KEY BLVD #108**
CITY-ST-ZIP **SOUTH PASADENA FL 33707**

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

TITLE **VD** ☐ **Delete**
NAME **GRAY, PEGGY W**
STREET ADDRESS **7882 SAILBOAT KEY BLVD #108**
CITY-ST-ZIP **SOUTH PASADENA FL 33707**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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:

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

1/23/02
Date

727-363-1884
Daytime Phone #

CR2E034 (10/02)