

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000848

1. Entity Name
GANIER ENTERPRISES, INC.FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90013 046 ***163.75

03-16-972 AV

Principal Place of Business
3823 LANCASTER CT. #201
PALM HARBOR FL 34685Mailing Address
3823 LANCASTER CT. #201
PALM HARBOR FL 34685

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

59-3690245

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GANIER, MARK F
2011 HAMMOCK PINE BLVD
CLEARWATER FL 33761

Name

GANIER, MARK F

Street Address (P.O. Box Number is Not Acceptable)

3823 Lancaster Ct Apt# 201

City

Palm Harbor

FL

Zip Code

34685

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)

03/11/2002

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 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	PVST	<input checked="" type="checkbox"/> Delete
NAME	GANIER, MARK F	
STREET ADDRESS	2011 HAMMOCK PINE BLVD	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GANIER, MARK F	
STREET ADDRESS	2011 HAMMOCK PINE BLVD	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANIER, MARK F	
STREET ADDRESS	3823 Lancaster Ct. #201	
CITY-ST-ZIP	Palm Harbor, FL. 34685	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANIER, MARK F	
STREET ADDRESS	3823 Lancaster Ct. #201	
CITY-ST-ZIP	Palm Harbor, FL. 34685	
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		

CR2E034 (9/01)

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

03/09/2002 727-403-5611

Date

Daytime Phone #