2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000007617

1. Entity Name
GAN ABAD, INC.

FILED
04 JAN -2 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1531 LEE ROAD STE 838 WINTER PARK FL 32789	1531 LEE ROAD STE 838 WINTER PARK FL 32789

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

4. FEI Number: 59-3699846 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, KAREN M
4849 STONY BROOK LANE
ORLANDO FL 32808

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 back of form) ☐

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT ROSS, GREGORY 4849 STONY BROOK LANE ORLANDO FL 32808 ☐ Delete	☐ Change ☐ Addition 000025938530 01/02/04--01051--001 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS ROSS, KAREN M 4849 STONY BROOK LANE ORLANDO FL 32808 ☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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: Gregory Ross 4-14-02 (407)297 1662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EADY & ASSOCIATES
150 W. 10th Street
Apopka, FL 32703
Ph (407) 814-9360
Fax (407) 814-9474

DR. FAYBELLE F. EADY, PRESIDENT
PARALEGAL, TAX CONSULTANT & PREPARER

SERVICES
BUSINESS, CLERGY, NONPROFIT AND PERSONAL INCOME TAXES
PARALEGAL SERVICES, NOTARY PUBLIC, BUSINESS CONSULTATION

State of Florida
Tallahassee, Fl

12-31-03

RE: P01000007617

To Whom It May Concern:

Please find enclosed a copy of the 2002 4 BR after I had amended it by supplying the FEIN.

I spoke to someone from your office when the letter came saying that the Corporation had been dissolved due to the incompleteness (FEIN) on the form. She said to say what happened so that GAN-A-BAD Might be restored.

Enclosed find a check for $150.00 for The 2003 Year. There have been no changes in the structure, officers etc.

Dr Faybelle F Eady