

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000028432

1. Entity Name
G & T ENTERPRISES OF THE TREASURE COAST, INC.

Principal Place of Business

%GLENN SMITH
3312 ORANGE AVE
FT PIERCE FL 34947

Mailing Address

%GLENN SMITH
3312 ORANGE AVE
FT PIERCE FL 34947

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

EDGE, JOSEPH
%THE TAX SHOPPE
932 SW BAYSHORE BLVD
PORT ST LUCIE FL 34983

4. FEI Number

05-1078036

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

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 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 ☐ Delete
NAME *President*
STREET ADDRESS *Glenn Smith*
CITY-ST-ZIP *3312 Orange Ave*
Port Pierce FL 34947

TITLE ☐ Delete
NAME *Secretary*
STREET ADDRESS *Glenn Smith*
CITY-ST-ZIP *3312 Orange Ave*
Port Pierce, FL 34947

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Glenn G. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

561-460-2706

Daytime Phone #

Glenn G. Smith

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-20-2002 90126 014 ***150.00

34871



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)