

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91464 049 ***150.00

**2003 FOR PROFIT CORPORATION
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 1251 Johnson Pierce Rd		3. Mailing Address 1251 Johnson Pierce Rd
City & State Fort Pierce		City & State Fort Pierce
Zip 34947		Zip 34947
County St. Lucie		County St. Lucie
4. FBI Number 65-1078036		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent EDGE, JOSEPH %THE TAX SHOPPE 932 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when electing.)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE P	NAME SMITH, GLENN	☐ Delete
STREET ADDRESS 3312 ORANGE AVE		
CITY-STATE-ZIP FORT PIERCE, FL 34947		
TITLE S	NAME SMITH, THERESA	☐ Delete
STREET ADDRESS 3312 ORANGE AVE		
CITY-STATE-ZIP FORT PIERCE, FL 34947		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME Smith, Glenn	☒ Change ☐ Addition
STREET ADDRESS 1251 Johnson Pierce Rd		
CITY-STATE-ZIP Fort Pierce, FL 34947		
TITLE S	NAME Smith, Theresa	☒ Change ☐ Addition
STREET ADDRESS 1251 Johnson Pierce Rd		
CITY-STATE-ZIP Fort Pierce, FL 34947		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature affords 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: 		4-25-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date

CR2E034 (10/02)

NOTE
change of
address →