

2004
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91004 005 ***150.00

DOCUMENT # P01000042426
i. Entity Name
GAIL'S SERVICES, INC.

DO NOT WRITE IN THIS SPACE

14019296

2. Principal Place of Business 10200 SW 49th COURT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State COOPER CITY		City & State	
Zip 33328	Country BROWARD	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1104629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GAIL GARLETTS
Street Address (P.O. Box) 10200 SW 49th COURT
City COOPER CITY FL 33328

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  4/28/04
Signature, typed or printed name of registered agent and date of signature (Typed name 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1. OFFICERS AND DIRECTORS

TITLE	NAME	TITLE	NAME
PRESIDENT / DIRECTOR	GAIL GARLETTS		
STREET ADDRESS	10200 SW 49th COURT	STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY, FL 33328	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  4/28/04 954-434-1229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GAIL GARLETTS, PRESIDENT Daytime Phone #

CR2E034B (12/01)