

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

07-14-2003 90165 042 ***150.00

FILED P01000042426

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 23 AM 9:04

90142058

DO NOT WRITE IN THIS SPACE

DOCUMENT #

1. Entity Name

P01000042426

GAIL'S SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10200 SW 49th COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State COOPER CITY, FL

City & State

4. FEI Number 65-1104629

Applied For

Not Applicable

Zip 33328

COBROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GAIL - GARLETTS

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

10200 SW 49th COURT

COOPER CIR CITY, FL 33328

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 of or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7.8.03

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR GAIL GARLETTS 10200 SW 49th COURT COOPER CITY, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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3. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7.8.03

954-434-1229

CR2E034B (12/01)

JULY 8, 2003

GAIL'S SERVICES, INC.
10200 SW 49th COURT
COOPER CITY, FL 33328
65-1104629

STATE OF FLORIDA
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

DEAR SIR OR MADAM:

ENCLOSED IS THE 2003 ANNUAL REPORT FOR OUR
COMPANY AND THE \$150.00 PAYMENT THAT IS DUE.

THE REASON THIS FORM WAS NOT FILED PRIOR TO
MAY 1st IS THAT WE NEVER RECEIVED THE RENEWAL IN THE MAIL.

A PERSON FROM YOUR OFFICE SAID "IF WE NEVER
RECEIVED THE RENEWAL YOU WOULD ALLOW THE FORM TO BE
FILED AT THIS TIME WITHOUT A PENALTY". THANK YOU VERY
MUCH.

VERY TRULY YOURS,
GAIL'S SERVICES, INC.


GAIL GARLETTS, PRESIDENT