

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90314 005 \*\*\*150.00

**DOCUMENT # P01000050686**

1. Entity Name  
**G&S CONTRACTORS, INC.**

Principal Place of Business  
**600 N. THACKER AVE.**  
**SUITE A-23, B12**  
**KISSIMMEE FL 34741**

Mailing Address  
**600 N. THACKER AVE.**  
**SUITE A-23 B12**  
**KISSIMMEE FL 34741**

2. Principal Place of Business  
**600 N. THACKER AVE**

3. Mailing Address

Suite, Apt. #, etc.

**B12**

Suite, Apt. #, etc.

City &amp; State

**KISSIMMEE FL**

City &amp; State

Zip

**34741**

Country

Zip

Country

4. FEI Number **59-3720245**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HENRY, GONZALEZ R SR**  
**600 N. THACKER AVE.**  
**SUITE A-23**  
**KISSIMMEE, FL FL 34741**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**HENRY GONZALEZ**  
**4801 CHARDWIN DR**  
**ORLANDO FL 32837**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**JAMES A. SANDS**  
**205-B. EDEN LANE**  
**KISSIMMEE FL 34744**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 26, 2002**  
 Date

**321-229-3121**  
 Daytime Phone #

CR2E034 (9/01)