

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061129

1. Entity Name

GAMMA PROJECTS, INC.

FILED

02 OCT 11 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

119 TRADERS ALLEY  
LAKELAND FL 33801

Mailing Address

119 TRADERS ALLEY  
LAKELAND FL 33801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

993725395

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL REGISTERED AGENTS, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D RASHID, MOHAMID  
STREET ADDRESS DAVIE MCLEAN HOUSE, THE BREWERY, MAGOR CAL  
CITY-ST-ZIP GWENT NP 26 3DJ UNITED KINGD

TITLE ☐ Change ☐ Addition  
NAME 700008412997  
STREET ADDRESS 10/17/02--01001--020  
CITY-ST-ZIP \*\*750.00

TITLE ☐ Delete  
NAME D RYAN, JULIAN  
STREET ADDRESS DAVIE MCLEAN HOUSE, THE BREWERY, MAGOR CAL  
CITY-ST-ZIP GWENT NP 26 3DJ UNITED KINGD

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

TITLE ☐ Delete  
NAME D ZWEEKHORST, AREND  
STREET ADDRESS DAVIE MCLEAN HOUSE, THE BREWERY, MAGOR CAL  
CITY-ST-ZIP GWENT NP 26 3DJ UNITED KINGD

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

TITLE ☐ Delete  
NAME D GRIFFITHS, DAVID  
STREET ADDRESS 119 TRADERS ALLEY  
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-2002

(813) 683-6930

Date

Daytime Phone #

CR2E034 (4/02)