

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90183 026 ***150.00

DOCUMENT # **P01000087601**



1. Entity Name
T & G PROPERTY SERVICE, INC.

Principal Place of Business
**5132 GALLEON CT
NEW PORT RICHEY FL 34652**

Mailing Address
**5132 GALLEON CT
NEW PORT RICHEY FL 34652**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIUNTA, JOHNNY
5132 GALLEON CT
NEW PORT RICHEY FL 34652**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	GIUNTA, JOHNNY
STREET ADDRESS	5132 GALLEON CT
CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	D <input type="checkbox"/> Delete
NAME	GIUNTA, SHERRY
STREET ADDRESS	5132 GALLEON CT
CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	D <input type="checkbox"/> Delete
NAME	TAYLOR, KENNETH
STREET ADDRESS	3506 FOXWOOD BLVD
CITY-ST-ZIP	WESLEY CHAPEL FL 33543
TITLE	D <input type="checkbox"/> Delete
NAME	TAYLOR, JOANNE
STREET ADDRESS	3506 FOXWOOD BLVD
CITY-ST-ZIP	WESLEY CHAPEL FL 33543
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Johnny Giunta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-20-03** Daytime Phone #: **813-299-2360**

CR2E034 (10/02)