

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90558 018 ***150.00

100447 AV

DOCUMENT # P01000092748

1. Entity Name
G&G ENTERPRISES OF NORTH FLORIDA, INC.

Principal Place of Business

**10663 89TH ROAD
 LIVE OAK FL 32060**

Mailing Address

**10663 89TH ROAD
 LIVE OAK FL 32060**

00000032



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10663 89TH Rd

Suite, Apt. #, etc.

3. Mailing Address

10663 89TH Rd.

Suite, Apt. #, etc.

City & State

LIVE OAK FL.

City & State

LIVE OAK FL

Zip

32060

Country

USA

Zip

32060

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORY, GEORGE W IV
 10663 89TH ROAD
 LIVE OAK FL 32060**

7. Name and Address of New Registered Agent

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.

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

TITLE ☐ Delete

**President
 George W. Cory IV
 10663 89TH Rd
 LIVE OAK, FL 32060**

TITLE ☐ Delete

**Sec. / Treas.
 Glenda L. Cory
 10663 89TH Rd.
 Live Oak, FL 32060**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Glenda L. Cory
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/02 386-364-1368
 Date Daytime Phone #

CR2E034 (9/01)