

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90120 046 ***150.00

DOCUMENT # P02000020048

1. Entity Name
G & G ANTIQUES INC.



Principal Place of Business
**5518 JUSTINE WAY
WINTER PARK FL 32792**

Mailing Address
**5518 JUSTINE WAY
WINTER PARK FL 32792**



2. Principal Place of Business

Crown Pointe Commerce Park

3. Mailing Address

Crown Pointe Commerce Park

Suite, Apt. #, etc.

6612 Kingspointe Pkwy unit 4B

Suite, Apt. #, etc.

6612 Kingspointe Pkwy UNIT 4B

City & State

Orlando FLA

City & State

Orlando FLA

☒ CHECK HERE IF MAKING CHANGES

Zip
32819

Country
USA

Zip
32819

Country
USA

4. FEI Number

383644098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GORAK, EDWARD J
5518 JUSTINE WAY
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name **Edward S. Gorak**

Street Address (P.O. Box Number is Not Acceptable)
3093 Nicholson

City **WINTER PARK**

FL

Zip Code
32792

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

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 -- **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GOLDBERGER, BRAD**
STREET ADDRESS **PO BOX 421**
CITY-ST-ZIP **GOTHA FL 34734**

TITLE **VD** ☐ Delete
NAME **GORAK, EDDIE**
STREET ADDRESS **5518 JUSTINE WAY**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES/ TREASURER / D** ☒ Change ☐ Addition
NAME **GOLDBERGER, BRAD**
STREET ADDRESS **PO BOX 421**
CITY-ST-ZIP **GOTHA FL 34734**

TITLE **VICE PRES / SECRETARY / D** ☒ Change ☐ Addition
NAME **EDWARD S. GORAK**
STREET ADDRESS **3093 Nicholson**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 employment.

SIGNATURE:

SIGNATURE REQUIRED

4-18-03

407494 1928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)