

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90072 016 ***150.00

DOCUMENT # **P02000037505**



1. Entity Name
C&G'S BOUTIQUE, INC.

Principal Place of Business
**3809 EAST UNIVERSITY AVE
GAINESVILLE FL 32641**

Mailing Address
**3809 EAST UNIVERSITY AVE
GAINESVILLE FL 32641**

C&G's Boutique INC



2. Principal Place of Business
GAINESVILLE, FLA

3. Mailing Address
1111 N. E. 24th Terr

Suite, Apt. #, etc.
GAINESVILLE, FLA

CHECK HERE IF MAKING CHANGES

City & State
GAINESVILLE, FLA

City & State
32641

4. FEI Number
04-3645600

Applied For
 Not Applicable

Zip
32641

Country
AACHUA

Zip
32641

Country
FLA USA

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

**WILLIAMS, GERTRUDE
1111 NE 24TH TERR
GAINESVILLE FL 32641**

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 *Gertrude Williams* DATE 4/16/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, GERTRUDE 1111 NE 24TH TERR GAINESVILLE FL 32641	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLECKLEY, CAROL 93 SE 43RD ST GAINESVILLE FL 32641	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gertrude Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/16/03

Daytime Phone #

CR2E034 (10/02)