2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State
01-10-2003 90035 027 ***150.00

DOCUMENT # P02000037813

1. Entity Name
G & G MOOD, INC.

60005524

Principal Place of Business
3708 FORTNER ROAD
PLANT CITY FL 33567

Mailing Address
3708 FORTNER ROAD
PLANT CITY FL 33567

2. Principal Place of Business: 117 PROSSER DR
Suite, Apt. #, etc.
City & State: PLANT CITY, FL
Zip: 33566 Country:

3. Mailing Address: 117 PROSSER DR
Suite, Apt. #, etc.
City & State: PLANT CITY, FL
Zip: 33566 Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 74-3038633 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOODY, EUGENE
3708 FORTNER ROAD
PLANT CITY FL 33567

7. Name and Address of New Registered Agent

Name: SAME
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: Eugene Moody EUGENE MOODY PRESIDENT DATE 1/8/03
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

TITLE	SECRETARY	☐ Delete
NAME	DIANE MOODY	
STREET ADDRESS	3708 FORTNER RD	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: Eugene Moody SIGNATURE REQUIRED EUGENE MOODY 1/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #