

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

0007656 AV

DOCUMENT # P02000062795

1. Entity Name
GARRETSON ENTERPRISES, INC.



07-16-2003 90051 001 ***150.00
07-16-2003 90051 002 ***408.75

Principal Place of Business
8266 A1A SOUTH
ST. AUGUSTINE FL 32080

Mailing Address
8266 A1A SOUTH
ST. AUGUSTINE FL 32080

00001464



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0549731

Applied For

Not Applicable

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

EBERLING, ROBERT A CPA
1400 OLD DIXIE HWY
SUITE D
ST. AUGUSTINE FL 32084

Name ROBERT A. EBERLING
Street Address (P.O. Box Number is Not Acceptable)
1797 OLD MOULTRIE RD # 107
City ST. AUGUSTINE FL Zip Code 32084

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME MICHAEL C. GARRETSON
STREET ADDRESS 8266 A-1A South
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE SECRETARY
NAME PATRICIA R. GARRETSON
STREET ADDRESS 8266 A-1A South
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

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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:

MICHAEL C. GARRETSON

904-471-5945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)