FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: M. M. M. GERMIN GERMING OFFICER OR DEFECTOR

DOCUMENT # P02000096836 1. Entity Name



Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90121 039 ***150.00

G & G EDUCATIONAL SERVICES, INC.												
1	DO NOT WRITE	IN THIS S	PAC	E			**					
2. Principal P	lace of Business	3. Mailing Address										
Suite, Apt. 8802 lvy	#, etc. Mill Place North	Suite, Apt. #, etc. 8802 Ivy Mill Place North				DO NOT WRITE IN THIS SPACE						
City & State Jacksonv	e	City & State Jacksonville, FL				14-1860227		Applied For Not Applicable				
Zip Country 32244 Duvai		32244	Country Duval		5. C	5. Certificate of Status Desired 88.75 Additional Fee Required						
					7. Nan	ne and Address of Current Regis	tered Age	ent				
	STATE	BITTE S.	_	Name Mill	s, Gary	L. Sr.						
and the second second	DO NOT W		· · · · · · · · · · · · · · · · · · ·	Street Addre	ess (P.O. Bo	x Number is Not Acceptable)	-					
	IN THIS SP	ACE		8802 lvy	Mill Plac	ce North						
į.				City Jacksonville			FL a	Zip Code				
9 The shave	named entity submits this statement for	the number of changing its	e recieter					32244 ar with and accept				
	tions of registered agent.	the purpose of changing to	a registere	ou omoc or reg	naicred age	in, or boar, in the state of Florida.	Corr raismin	ar with and docept				
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NO	TE: Registere	d Agent signature re	quired when rem	estating} C	ATE					
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00					9. Election Campaign Financing	3	\$5.00 May Be				
	Amended UBR is \$61.25 Payable to Florida Department of	State				Trust Fund Contribution.		Added to Fees				
10.	. OFFICERS AND L		1									
TITLE .	P/C/S - Mills, Genell		ЯTL	1				i i				
NAME STREET ADDRESS	8802 Ivy Mill Place North	NAM CTRE		ET ADDRESS			[5					
CITY-ST-ZIP	Jacksonville, FL 32244			-ST-ZIP				958				
TITLE	V/T - Mills, Gary L. SR.		TITL	1				200				
NAME PROFEST ADDRESS	8802 Ivy Mill Place North		NAM	ET ADDRESS] [
STREET ADDRESS CITY-ST-ZIP	Jacksonville, FL 32244		4	-ST-ZIP								
TITLE	ı	Ţ	TITL	E								
NAME			NAM	ET ADDRESS				_				
STREET ADDRESS CITY-ST-ZIP			1	-ST-ZIP		DO NOT W	RITI	E .				
TITLE			TITLE	E		IN THIS SP	۸۲					
NAME			NAM	i i			ACL	-				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP								
TITLE		1	Ππ.	E								
NAME			NAM	T T								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP								
TITLE			τιπι									
NAME			NAM	ž.								
STREET ADDRESS City-ST-ZIP				ET ADDRESS -ST-ZIP								
12 1 horoby	certify that the information supplied with	this filing does not qualify fo	or the exe	mntion stated i	in Section 1	19.07(3)(i), Florida Statutes. I furthe	er certify the	hat the information				
indicated of the co	I on this report or supplemental report is rporation or the receiver or trustee emporant with an address, with all other like em	true and accurate and that owered to execute this repo	my signa	ture shall have	the same le	gal effect as if made under oath; to	hat I am a	n officer or director				

Genell M. Mills

3/24/03

(904)573-8268 Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AffaChment

DOCUMENT #P0200096836 1. Entity Name G & G EDUCATIONAL SERVICES INC.							100	05L	165	18		
Principal Place of 8802 IVY MILL PL JACKSONVILLE, FL	ACE .	Mailing Address 8802 IVY MILL PLACE JACKSONVILLE, FL 32244										
2. Principal Place	of Business	3. Mailing Address									5	
Suite, Apt. #, et	ic.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES							
City & State		City & State				4. FEI Number 14 - 1860227 Applied For Not Applicable						-
Zìp	Country	Zip	Coun	try		5. Certificate of Status Desired \$8.75 Additional Foo Required						
	 Name and Address of Current R 	legistered Agent				7. Ne	me and Add	ireas of No	w Register	red Agent		4
MILLS, GARY L SR.												
8802 IVY MILL PLACE N. JACKSONVILLE, FL. 32244			•	Street A	ddress (F	P.O. 800	(Number Is	Not Accep	table) - ~ -	-,t	* 1965 1	- -
							•					
J				City						Zip Co	xde	1
	ned entity submits this statement for of registered agent.	the purpose of changing its	register	ed office or	register	ed agen	nt, or both, ir	the State (ol Florida. I	am familiar wit	h, and accept	1
SIGNATURE	awsk, typidd ôr printhid same of stigisteskid agh ht a	wžija i mužicaja (MISE	Reviews	ul Agent signati	to an an an an an an	when mint	tin ired		04	TE.	· .	
haland the haland the track thank the	ramanan engan kanan menganan kerangan berangan berangan berangan berangan berangan berangan berangan berangan											\dashv
After Mar	(NEVALL) PEE STISCOS PEE STISCOS ESSECIA VALUE TOURS ESSECIATE							n Campaig und Contrit	n Financing outlon.		.00 May Be ed to Fees	
10.	OFFICERS AND (DIRECTORS	11.			ADD	ITIONS/CH	ANGES TO	OFFICERS	AND DIRECTO	RS IN 11	1
trite P		Delete	100	E	P/C	./5	^ .	. 44		Change	: Addition	٦ إ
	LLS, GENELL M		NAM	-	Mil	is, c	Genel	Misi	Place	North		{
	02 IVY MILL PLACE NORTH CKSONVILLE, FL 32244			ET ADDRESS - ST - ZIP	886	V Z. K 50	nuille,	FL	322	44		18
TITLE VP	· · · · · · · · · · · · · · · · · · ·	☐ Delete	100	F	VIT	-	1101110		3.5-	[2] Change	Addition	3 1
	LLS, GARY L SR.		NAM	Œ	Mill	15. 6	fary L	. SR	ce No	rth	-	۱۲
	02 IVY MILL			ET ADDRESS	880	2	V4 M		211	44		
	CKSONVILLE, FL 32244		_	'-ST-ZIP	Jac	CKSO	Gary L ivy Mi inville	PL	32-	· /		\dashv
TITLE NAME		Delete	NAM	•						☐ Change	e 🔲 Addition	
STREET ADDRESS				ET ADDRESS								
CITY-ST-ZP			CITY	-ST-ZIP	<u> </u>							
-1MLE	man manya samunian manana	Oelete	- 1717			اج احسب	بمسدر وسسم			Change	🖸 Addition	
NAME STREET ADDRESS		•	NAM	EET ADDRESS								
CITY-51-2P	,			-ST-21P	<u> </u>							
TITLE		☐ Delete	1111							Change	Addition	7
NAME	,		NAM									
STREET ADDRESS City-St-2P				ET ADDRESS (-ST-21P								
1me		☐ Delete	101							☐ Change	Addition	1
NAMÉ			NASI	Æ								
STREET ADDRESS		•		EET ADDRESS								
CITY-ST-2P	المعادد المحادد عدم المحادد ال	this filling close not or callful		r-st-ziP	tert in Sa	etion **	0.07/2Vi\ =	India State	ten I further	cartify that the	information	-
12. It hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: Genell M Mills 3/24/03 (904)573-8268												