

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90121 039 ***150.00

DOCUMENT # P02000096836

1. Entity Name

G & G EDUCATIONAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.
8802 Ivy Mill Place North

City & State
Jacksonville, FL

Zip
32244

Country
Duval

3. Mailing Address

Suite, Apt. #, etc.
8802 Ivy Mill Place North

City & State
Jacksonville, FL

Zip
32244

Country
Duval

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1860227

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Mills, Gary L. Sr.

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

8802 Ivy Mill Place North

City **Jacksonville** **FL** Zip Code
32244

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/C/S - Mills, Genell
8802 Ivy Mill Place North
Jacksonville, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/T - Mills, Gary L. SR.
8802 Ivy Mill Place North
Jacksonville, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Genell M. Mills*

Genell M. Mills

3/24/03

(904)573-8268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

10054628

DOCUMENT #P02000096836					
1. Entity Name G & G EDUCATIONAL SERVICES INC.					
Principal Place of Business 8802 IVY MILL PLACE JACKSONVILLE, FL 32244			Mailing Address 8802 IVY MILL PLACE JACKSONVILLE, FL 32244		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <u>14-1860227</u>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLS, GARY L SR. 8802 IVY MILL PLACE N. JACKSONVILLE, FL 32244			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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				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.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME MILLS, GENELL M STREET ADDRESS 8802 IVY MILL PLACE NORTH CITY-ST-ZIP JACKSONVILLE, FL 32244				TITLE P/C/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Mills, Genell M. STREET ADDRESS 8802 Ivy Mill Place North CITY-ST-ZIP Jacksonville, FL 32244	
TITLE VP <input type="checkbox"/> Delete NAME MILLS, GARY L SR. STREET ADDRESS 8802 IVY MILL CITY-ST-ZIP JACKSONVILLE, FL 32244				TITLE V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Mills, Gary L. SR. STREET ADDRESS 8802 Ivy Mill Place North CITY-ST-ZIP Jacksonville, FL 32244	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034 (10/02)