

2006 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90043 024 ***158.75

DOCUMENT # **P05000070120**

1. Entity Name

C.G.G. ENTERPRISES, INC



60013403

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13968 MARTINIQUE DR

Suite, Apt. #, etc.

3. Mailing Address

13968 MARTINIQUE DR

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

City & State

SEMINOLE, FL

4. FEI Number

20-2847822

Applied For

Not Applicable

Zip

33776

Country

PINELLAS

Zip

33776

Country

PINELLAS

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER G GRETTTER

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

13968 MARTINIQUE DR

City

SEMINOLE,

FL

Zip Code
33776

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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 reappointing)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
CHRISTOPHER G GRETTTER
13968 MARTINIQUE DR
SEMINOLE, FL 33776

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/07/06
Date

722-710-8453
Daytime Phone #