

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026073

1. Entity Name
G.G.F. ENTERPRISES III, INC.



FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90078 050 ***150.00

90000301



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
2676 US 1 SOUTH
ST AUGUSTINE FL 32086
US

Mailing Address
2676 US1 SOUTH
ST AUGUSTINE FL 32086
US

2. Principal Place of Business

843 ALDERMAN Rd

Suite # 1000 Apt. # 1000

3. Mailing Address

Suite, Apt. #, etc.

City & State
JACKSONVILLE FLA.

City & State

4. FEI Number

59-3179881

Applied For

Not Applicable

Zip
32291

Country
Puerto Rico

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAUBARD, ROBERT
2676 US 1 SOUTH
SUITE 203
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRAUBARD, ROBERT
33 WATER ST.
ST. AUGUSTINE FL 32084

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOGGINS, STEVE
10750 HAMPTON ROAD
JACKSONVILLE FL 32257

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)