

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90735 024 ***150.00

DOCUMENT # P95000068331

1. Entity Name
G & G DISTRIBUTORS, INC.



Principal Place of Business
**150 STEVENS AVE
UNIT C
OLDSMAR FL 34677
US**

Mailing Address
**150 STEVENS AVE SUITE C
OLDSMAR FL 34677
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3333953**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRESS, GEORGE E
2974 SOMERSWORTH DR
CLEARWATER FL 33761**

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: *George E. Kress* **GEORGE E. KRESS** 4-11-03
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	P <input type="checkbox"/> Delete
NAME	KRESS, GEORGE E
STREET ADDRESS	2974 SOMERSWORTH DR
CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	V <input type="checkbox"/> Delete
NAME	KRESS, MARION E
STREET ADDRESS	2974 SOMERSWORTH DR
CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	ST <input type="checkbox"/> Delete
NAME	KRESS, GEOFFREY G
STREET ADDRESS	2451 SADDLEWOOD LANE
CITY-ST-ZIP	PALM HARBOR FL 34685
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *George E. Kress* **GEORGE E. KRESS** 4-11-03 **813-891-9988**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)