2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (FILED Mar 07, 2002 8:00					
DOCU 1. Entity Nam	MENT #	P95000	0078439		3	Secretary of State			te	m ⁰⁴³⁶⁷⁵⁸ av	
GREGOR	Y ACCOUNTIN	IG, INC.					03-07-2002	90016 042	? ***150.0	00	<
Principal Place of Business Mailing Address						_					
4239 W EL PI TAMPA FL 33	4239 W EL PRADO BLVD. TAMPA FL 33629	•		ļ	E 188618813 JAA (BIEB) BIEHI BAHIL B	1711 40 117 1 1 111 1 1	101 (81%) 61901 (
2. Principal Place of Business			3. Mailing Address	<u>.</u>		-					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	FEI Number 59-333962		No	plied For t Applicable	
Zip Country			Zip	Coun	itry		Certificate of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent					Name	7. N	Name and Address of New	Registered A	gent	٠ سيد	
	y, Jeanette H. El Prado Blvd. L 33629	· <u>·</u> · · · · ·	· · · · · · · · · · · ·	· •		(P.O. E	Box Number is Not Acceptab	le)			
					City			FL	Zip Code	<u> </u>	
8. The above	named entity submi	ts this statement for th	ne purpose of changing its	register	ed office or registe	ered ag	gent, or both, in the State of F	lorida.		_	
SIGNATURE .	Signature, typed or printed	name of registered agent and	title if applicable. (NOT)	: Registere	d Agent signature require	ed when re	einstating)	DATE	<u>.</u>	 _	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable				02 Fee	will be \$550.00	ate	10. Election Campaign F Trust Fund Contributi			0 May Be to Fees	
11	<u> </u>	OFFICERS AND DI	RECTORS	12.		AD	DITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGORY, JEAN 4239 W EL PRAI TAMPA FL 33629	oo blvd.	☐ Delete		J				☐ Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS	774117777 2 33325		Delete		E EET ADDRESS				☐ Change	Addition	SS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* *********** ** * * *		Delete	TITLE NAM STRE					Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	E ET ADDRESS - ST-ZIP	,,, ,			☐ Change	☐ Addition	
12 I hereby o	partity that the inform	ation cumptiod with thi	in tiling does not gualify for	the eve	motion stated in S	antion 1	110 07/3\(ii) Florida Statutos	I further corti	ty that the in	tormation	

Thereby dentity that the information supplied with this riling does not quality 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

&-5-0& Date

813-831-7011

Daytime Phone #