

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90215 049 ***150.00

DOCUMENT # P96000008942

1. Entity Name
GREGGORY THOMAS DESIGNS INC



Principal Place of Business
3291 - 5TH AVE NW
NAPLES FL 34120

Mailing Address
3291 - 5TH AVE NW
NAPLES FL 34120

11015701



2. Principal Place of Business

8500 IBIS Cove Cir
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Naples FL

City & State

Naples FL

4. FEI Number 65-0652112

Applied For
Not Applicable

Zip 34119

Country USA

Zip

Country

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

6. Name and Address of Current Registered Agent

SCHMOTZER, THOMAS
3291 - 5TH AVE NW
NAPLES FL 34120

8500 I

7. Name and Address of New Registered Agent

Name Schmotzer

Street Address (P.O. Box Number is Not Acceptable)
8500 IBIS Cove Circle

City Naples

FL

Zip Code 34119

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHMOTZER, THOMAS G	
STREET ADDRESS	3291-5TH AVENUE NW	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHMOTZER, MICHELLE	
STREET ADDRESS	3291-5TH AVENUE NW	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8500 IBIS Cove Cir
CITY-ST-ZIP	Naples FL 34119
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

NOTARIZE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Date

239-455-7249

Daytime Phone #

CR2E034 (10/02)