## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P96000013098

1. Entity Name

G & J AICHER, INC.



## **FILED** Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90164 014 \*\*\*150.00

Zip Country Zip Country 5. Certificate of Status Desired S.75 Address of Current Registered Agent 7. Name and Address of Naw Registered Agent 7. Name and Address of Naw Registered Agent 7. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 7. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. K. Name and Address of Naw Registered Agent 8. Name S. Name Address of Naw Registered Agent 8. Name S. Name Address of Naw Registered Agent 8. Name Agent	G. G. G. W.												
Sullo, Apt. #, etc.   Sullo, Apt. #, etc.   City & State	30105 AZALEA AVE.			30105 AZALEA AVE.				J HOOMBON NA HONE	81(1) 83(1) 8 <b>7</b> (1)	I 89111 88181	En <b>um</b> afoir <b>an</b> ail	I ( <b>4</b> 11 <b>1</b> 2 1 <b>1</b> 111 1 <b>111</b> 1	
City & State  City & State  City & State  City & State  4. FEI Number 59:3370880  Applied State Dealer State	2. Principal F	Place of Business	3. Mail	3. Mailing Address									
Secondary   Zip   Country   Zip   Country   S. Certificate   S8.75 Addition   S8.75 Addit	Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Power of the College of College	City & State		City	City & State			4.	4. FEI Number 59-3370860			<del> </del>	Applied For Not Applicable	
Name   SSE TACCOUNTS   STOCK   Street Address (PO. Box Number is Not Acceptable)   Street Address (PO. Box Number is Not Acceptable)   Street Address (PO. Box Number is Not Acceptable)   STC. I   Substitute   Street Address (PO. Box Number is Not Acceptable)   Street Address (PO. Box Number is Not Acceptable)   Street I   Stre	Zip	p Country		Zip Coun		try	5.	Certificate of Status				\$8.75 Additional Fee Required	
SERET ADDRESS OF STALES AVE.  EUSTIS FI, 22736  8. The above named entry 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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS  ONLY ST. 2P  TILE  VD  ACHER, JOHN L SR.  STREET ADDRESS  ONLY ST. 2P  SORRENTO FI. 32776  TILE  MAKE  STREET ADDRESS  ONLY ST. 2P  TILE  OBelse  MAKE STREET ADDRESS  ONLY ST. 2P  TILE  OBelse  TILE  MAKE STREET ADDRESS  ONLY ST. 2P  TILE  OBelse  TILE  MAKE STREET ADDRESS  ONLY ST. 2P  TILE  OBelse  TILE  OBelse  TILE  OBELSE  TILE  MAKE STREET ADDRESS  ONLY ST. 2P  TILE  OBELSE  TILE  OBELSE  TILE  MAKE STREET ADDRESS  ONLY ST. 2P  TILE  OBELSE  TO Change  TILE  OBELSE  TILE  TILE  OBE		6. Name and Address of Current	t Registere	d Agent			7.	Name and Addres	s of New Re	gistered	Agent		]
SIGNATURE Signature, Speed or present name of registered agent and able it applicable.    FILE NOW!!! FEE IS \$150.00	2502 E. DRANGE AVE.					Street Addr 40 S	ress (P.O. E	ss (P.O. Box Number is Not Acceptable)  Dewey St. STE. I  S Florida 32726					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME 10. OFFICERS AND DIRECTORS IN	the obligat		or the purpo	ose of changing its r	egistere	ed office or re	gistered aç	gent, or both, in the	State of Flor	ida. I am	familiar with	, and accept	-
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THILE  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITL	SIGNATURE !	Signature, typed or printed name of registered agen	t and title if appli	cable. (NOTE:	Registered	d Agent signature r	equired when r	reinstating)		DATE			}
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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)(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: