

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0489377 AV

**DOCUMENT # P96000020252**

1. Entity Name  
**G & G FOOD SYSTEMS, INC.**

04-02-2002 90903 005 \*\*\*150.00

Principal Place of Business <b>1175 HOMESTEAD ROAD LEHIGH ACRES FL 33936</b>	Mailing Address <b>1175 HOMESTEAD ROAD LEHIGH ACRES FL 33936</b>
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number  
**65-0646591**

Applied For  
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKIPPER, ANITA C  
5601 8TH STREET S.W.  
STE 2  
LEHIGH ACRES FL 33971**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PD SPECIALE, RENE M 13211 PINTO LANE FORT MYERS FL 33912		
	ST SKIPPER, ANITA C 13211 PINTO LANE FORT MYERS FL 33912		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Rene M. Speciale*      **3/27/02**      **239**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **954-369-3336**  
Daytime Phone #

CR2E034 (9/01)