

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000041459**1. Entity Name  
**G&G OF WEST ORANGE, INC.****FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90032 026 \*\*\*150.00

Principal Place of Business

~~8919 W COLONIAL DR~~  
OCOE FL 34761  
US

Mailing Address

POB 280  
OCOE FL ~~31781~~  
US

00033275



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8925 W. Colonial Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3385556**

Applied For

Not Applicable

Zip

Country

Zip

34761

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GOODMAN, MICHAEL J**  
**1305 E PLANT ST-----**  
**WINTER GARDEN FL 34787---**

Name

Street Address (P.O. Box Number is Not Acceptable)

8925 W. Colonial Drive

City

Ocoee

FL

Zip Code  
34761

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 STREET ADDRESS CITY-ST-ZIP	PD GOODMAN, MICHAEL JOHN 1305 EAST PLANT STREET-- WINTER GARDEN FL 34787----- <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8925 W. Colonial Dr. Ocoee, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Goodman

407-523-7321

Date

Daytime Phone #

CR2E034 (10/00)