

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046924

1. Entity Name

G-R2, INC.

Principal Place of Business

Mailing Address

3224 47TH TER. N.
ST. PETERSBURG FL 33714

3224 47TH TER. N.
ST. PETERSBURG FL 33714-3010

2. Principal Place of Business

5967 102ND Ave No.

3. Mailing Address

5967 - 102ND Ave No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FL

City & State

PINELLAS PARK, FL

Zip

33782

Country

USA

Zip

33782

Country

USA

4. FEI Number

59-3382405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUAIL, RICHARD W
3224 47TH TER. N.
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Richard W Quail - President

3-23-00

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
QUAIL, RICHARD
3224 47TH TERR NO
ST PETERSBURG FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
QUAIL, RICHARD W
3224 47TH TERR NO
ST PETERSBURG FL

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00

Date

Daytime Phone #

(727) 548-7774

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90021 033 ***150.00



DO NOT WRITE IN THIS SPACE