

2000 UNIFORM BUSINESS REPORT (UBR)

3/2/2000 10:00:00 AM

DOCUMENT # P96000078290

1. Entity Name

G F G MARKETING SERVICE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

03-02-2000 90030 010 ***150.00

Principal Place of Business
1901 BRINSON ROAD
UNIT 8
LUTZ FL 33549
US

Mailing Address
C/O W.J. TREMBLAY
1801 S FEDERAL HWY STE 219
DELRAY BEACH FL 33483-3334
US

2. Principal Place of Business
SAME

3. Mailing Address
1901 BRINSON ROAD

Suite, Apt. #, etc.
UNIT 8

City & State
LUTZ, FL 33549

Zip
33549

4. FEI Number *65-0702817*

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

W.J. TREMBLAY, P.A.
1801 SO FEDERAL HIGHWAY STE 219
DELRAY BEACH FL 33483

Name
GABRIEL P. FERRAZZANO
Street Address (P.O. Box Number is Not Acceptable)
1901 BRINSON ROAD UNIT # 8

City
LUTZ FL Zip Code
33549

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 *GR Ferrazzano* DATE *5-13-00*
(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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<i>DPT</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<i>FERRAZZANO, GABRIEL P</i>		NAME		
STREET ADDRESS	<i>1901 BRINSON ROAD UNIT 8</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>LUTZ FL 33549</i>		CITY-ST-ZIP		
TITLE	<i>DVPS</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<i>FERRAZZANO, GWEN M</i>		NAME		
STREET ADDRESS	<i>1901 BRINSON ROAD UNIT 8</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>LUTZ FL 33549</i>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *GR Ferrazzano* President Date *02/15/00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)