

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90065 029 \*\*\*150.00

**DOCUMENT # P97000035852**

1. Entity Name

**G & K INC.**

*Please all correspondence*

Principal Place of Business

**8249 SQUIITA DRIVE NE** PO Box 56301  
**ST PETERSBURG FL 33702** 33732

Mailing Address

**8249 SQUIITA DRIVE NE** PO Box 56301  
**ST PETERSBURG FL 33702** 33732



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**767 CAYA Costa Ct NE**  
 Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 56301**  
 Suite, Apt. #, etc.

City & State

**St Pete, FL**

City & State

**St Pete, FL**

4. FEI Number

**59-3463969**

Applied For

Not Applicable

Zip **33702**

Country **USA**

Zip **33732**

Country **USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHERIDAN, VIRGINIA**  
**8249 SQUIITA DRIVE NE**  
**ST PETERSBURG FL 33702**

**767 CAYA Costa Ct. N.E.**  
**St. Pete, FL**  
**33702**

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

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. ☐

**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

TITLE **P** ☐ Delete  
 NAME **SHERIDAN, VIRGINIA**  
 STREET ADDRESS **8249 SQUIITA DRIVE NE**  
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **VP** ☐ Delete  
 NAME **KEEFE, KENNETH H**  
 STREET ADDRESS **7919 3RD AVE S.**  
 CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE **ST** ☐ Delete  
 NAME **KEEFE, HILDEGARDE J**  
 STREET ADDRESS **7064 S SHORE DR SO**  
 CITY-ST-ZIP **PASADENA FL 33707**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (9/01)

*2/12/02 727-521-2546*