

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90656 033 ***150.00

0428708 AV

DOCUMENT # P97000074341

1. Entity Name

G & S, INC.

Principal Place of Business

BEARSS SHELL
14998 N FLORIDA AVE
TAMPA FL 33613
US

Mailing Address

BEARSS SHELL
14998 N FLORIDA AVE
TAMPA FL 33613
US

2. Principal Place of Business

BEARSS SHELL
14998 N. FLORIDA AVE.
TAMPA, FL 33613

3. Mailing Address

BEARSS SHELL
14998 N. FLORIDA AVE.
TAMPA, FL 33613

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3471301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHAPALAMADUGU, SATYA
1626 LEDGESTONE DRIVE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name **SATYA N. CHAPALAMADUGU**
 Street Address (P.O. Box is Not Acceptable) **BEARSS SHELL**
14998 N. FLORIDA AVE.
TAMPA, FL 33613
 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.
 (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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CHAPALAMADUGU, SATYA**
 CITY-ST-ZIP **1626 LEDGESTONE DRIVE**
BRANDON FL 33511

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
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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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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/04/02 813-969-1896

CR2E034 (9/01)