2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090542

1. Entity Name

GINGER GARNETT ENTERPRISES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90191 038 ***150.00

Principal Place of Business	Mailing Address
2709 MONTAGUE CT. E. CLEARWATER FL 33761	2709 MONTAGUE CT. E. CLEARWATER FL 33761-1217

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20 Pine St.	20 Pine St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville, Fl.	City & State: Brooksville, Fl.
Zip: 34601 / Country:	Zip: 34601 / Country:

4. FEI Number 59-3479988 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARNETT, VIRGINIA G
~~2709 MONTAGUE CT. E.~~
~~CLEARWATER FL~~ 33761

7. Name and Address of New Registered Agent

Name

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

20 Pine St.

City Brooksville **FL** Zip Code 34601

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 Virginia G. Garnett VIRGINIA G. GARNETT 4/11/00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GARNETT, VIRGINIA G		NAME		
STREET ADDRESS	~~2709 MONTAGUE CT.~~ E. 20 Pine St.		STREET ADDRESS		
CITY-ST-ZIP	~~CLEARWATER FL 33761~~ Brooksville, Fl 34601		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Virginia G. Garnett, Pres. VIRGINIA G. GARNETT 4/11/00 352-799-7653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #