

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90400 021 ***150.00

0420422

DOCUMENT # P97000090542

1. Entity Name

GINGER GARNETT ENTERPRISES, INC.

Principal Place of Business

**20 PINE ST
BROOKSVILLE FL 34601**

Mailing Address

**20 PINE ST
BROOKSVILLE FL 34601****657180**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

402 S. Broad St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville

City & State

FL4. FEI Number **59-3479988**

Applied For

Not Applicable

Zip

34601

Country

Hernando

Zip

34601

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARNETT, VIRGINIA G
20 PINE ST
BROOKSVILLE FL 34601**

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

Virginia G. Garnett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Apr. 25, 2001

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, 2001 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 **PD** ☐ Delete
NAME **GARNETT, VIRGINIA G**
STREET ADDRESS **20 PINE ST**
CITY-ST-ZIP **BROOKSVILLE FL 34601**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Virginia G. Garnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Apr 25, 2001**
Date**352 799-7653**
Daytime Phone #

CR2E034 (10/00)

Attachment
657180
P970000 90542

May 7, 2001

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

To Whom it May Concern;

I am a few days late filing my report as I was bitten by a very poisonous spider and have been in the Hospital and at home with my leg elevated. Today is the first day back at work for two weeks.

I am sending in the regular amount and hoping not to have to pay additional as my medical cost were horrible!.

Sincerely,

Virginia G. Garnett