

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103909

1. Entity Name

GINGERSONS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90085 024 ***150.00

Principal Place of Business

Mailing Address

12108 N. 56TH ST.
SUITE B
TAMPA FL 33617

12108 N. 56TH ST.
SUITE B
TAMPA FL 33617-1659

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3480164**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

STEWART, SCOTT
16034 GRASS LAKE DRIVE
TAMPA FL 33618

Name

Stewart, Scott

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

4344 Tarkington Drive

City

Land O' Lakes

FL

Zip Code
34639

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, 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 **P** ☐ Delete

NAME **STEWART, SCOTT**
STREET ADDRESS **16034 GRASS LAKE DRIVE**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☒ Change ☐ Addition

NAME **4344 Tarkington Drive**
STREET ADDRESS **Land O' Lakes, FL -34639**
CITY-ST-ZIP

TITLE **ST** ☐ Delete

NAME **MORGENSTEIN, JEFF A**
STREET ADDRESS **16034 GRASS LAKE DRIVE**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☒ Change ☐ Addition

NAME **4344 Tarkington Drive**
STREET ADDRESS **Land O' Lakes, FL 34639**
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME ☐ Delete

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Delete

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Delete

CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ Delete

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Delete

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Delete

CITY-ST-ZIP ☐ Change ☐ Addition

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 #

4/20/00

813 791 48722