

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

0694718 FP

04-18-2003 90134 015 ***150.00

DOCUMENT # P98000046507

1. Entity Name
G & J SPECIALTY PRINTING, INC.



Principal Place of Business
**3970 CENTURY PARK CRICLES
TALLAHASSEE FL 32304**

Mailing Address
**3970 CENTURY PARK CRICLES
TALLAHASSEE FL 32304**

2. Principal Place of Business
10855 US Hwy 19 N

3. Mailing Address
10855 US HWY 19 N

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Clearwater, Florida

City & State

Clearwater, Florida

Zip
33764

Country
USA

Zip
33764

Country
USA

4. FEI Number **59-3520199**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, GERALDINE
6712 KAUAI KING TRAIL
TALLAHASSEE FL 32309**

7. Name and Address of New Registered Agent

Name
Wilson, Geraldine
Street Address (P.O. Box Number is Not Acceptable)
2254 Highland Woods Dr

City **Dunedin** **FL** Zip Code **34698**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WILSON, GERALDINE**
STREET ADDRESS **6712 KAUAI KING TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Wilson, Geraldine**
STREET ADDRESS **2254 Highland Woods Dr**
CITY-ST-ZIP **Dunedin, Florida 34698**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

3-24-03

Date

727-489-2047

Daytime Phone #

CR2E034 (10/02)