

DOCUMENT # P98000049964

1. Entity Name
G & G CELLULAR INC.

Principal Place of Business

18429 US HWY 41 N
TAMPA FL 33549

Mailing Address

18429 US HWY 41 N
TAMPA FL 33549

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lutz FL

City & State

Lutz FL

Zip

33549

Country

Hillsborough

Zip

33549

Country

Hillsborough

6. Name and Address of Current Registered Agent

GAUGLER, VINCENT H
25008 HYDE PARK BLVD
LAND O LAKES FL 34639

4. FEI Number 59-3511978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Brenda N. Gaugler

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/01

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 GAUGLER, VINCENT H
STREET ADDRESS 3203 LANDMARK PLACE, #2203
CITY-ST-ZIP CLEARWATER FL 33761

TITLE D ☐ Delete
NAME GAUGLER, BRENDA N
STREET ADDRESS 3203 LANDMARK PLACE, #2203
CITY-ST-ZIP CLEARWATER FL 33761

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Vincent H Gaugler
STREET ADDRESS 18429 U.S. Hwy 41 N
CITY-ST-ZIP Lutz FL 33549

TITLE D ☒ Change ☐ Addition
NAME Gaugler Brenda N
STREET ADDRESS 18429 U.S. Hwy 41 N
CITY-ST-ZIP Lutz FL 33549

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

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:

Brenda Gaugler

Brenda Gaugler

1/3/01 (813) 909-4179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90040 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)