

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90012 027 ***150.00

DOCUMENT # P98000088466

1. Entity Name

GANOCO, INC.

Principal Place of Business

1017 WYNDHAM WAY
 SAFETY HARBOR FL 34695

Mailing Address

1017 WYNDHAM WAY
 SAFETY HARBOR FL 34695-5627

2. Principal Place of Business

802 2nd St. N

3. Mailing Address

P.O. Box 1437

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

Zip

34695

Country

Pinellas

Zip

34695

Country

Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, STEPHEN DAVID
 1017 WYNDHAM WAY
 SAFETY HARBOR FL 34695

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

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	D	☐ Delete
NAME	KLEIN, STEPHEN DAVID	
STREET ADDRESS	1017 WYNDHAM WAY	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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
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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:

Harry Wright **Harry Wright**

4/25/00
 Date

7277238411
 Daytime Phone #

CR2E034 (9/99)