

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105931

1. Entity Name

GAMMA ENTERPRISES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90046 018 ***150.00

Principal Place of Business

100 ARBOR LANE
OLDSMAR FL 34677

Mailing Address

100 ARBOR LANE
OLDSMAR FL 34677-2000

2. Principal Place of Business

100 Arbor Lane

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

4. FEI Number

59-3549795

Applied For

Not Applicable

Zip

Country

34677

P. n. l. l. c. s

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Mark Dickens

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

40 Dickens + Assoc
7628 N. 56th St. Suite 15

City

Tampa, FL

Zip Code

33617

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD RUISANCHEZ, MARITZA 100 ARBOR LANE OLDSMAR FL 34677	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GOMEZ, ANDRES 100 ARBOR LANE OLDSMAR FL 34677	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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:

M. Ruisanchez, President 4/16/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)