

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000036336**

1. Entity Name

THE G GROUP HOLDING COMPANY**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90129 037 ***150.00

Principal Place of Business

Mailing Address

**1060 OLD DIXIE HWY
VERO BEACH FL 32962****P O BOX 6901
VERO BEACH FL 32961**

2. Principal Place of Business

3. Mailing Address

1060 Old Dixie Hwy, S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vero Beach, FL 32962

4. FEI Number

65-0915636

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

**GALEGO, TIMOTHY J
2220 6 STREET
VERO BEACH FL 32962**Name **Galego, Timothy J.**

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

5503 Eagle DriveCity **Fort Pierce,****FL**Zip Code **34951**

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 business 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTD GALEGO, TIMOTHY J 2220 6TH STREET VERO BEACH FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/V/T Galego, Timothy J. 5503 Eagle Drive Fort Pierce, FL 34951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC GALEGO, BEVERLY 1530 SMUGGLERS COVE VERO BEACH FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Timothy J. Galego
President****01/17/01****(561) 778-3000**

Date

Daytime Phone #

CR2E034 (10/00)