

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90103 035 ***150.00

DOCUMENT # P99000054661

1. Entity Name
GAINER'S, INC.

Principal Place of Business

**8007 HWY. 90
 SNEADS FL 32460**

Mailing Address

**8007 HWY. 90
 SNEADS FL 32460**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3582476

Applied For

Not Applicable

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

**GAINER, JAMES A
 8007 HWY. 90
 SNEADS FL 32460**

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **P**
 STREET ADDRESS **GAINER, JAMES A**
 CITY-ST-ZIP **7110 PROVIDENCE CHURCH RD.
 GRAND RIDGE FL 32442**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **GAINER, KIMBERLY J**
 CITY-ST-ZIP **7110 PROVIDENCE CHURCH RD.
 GRAND RIDGE FL 32442**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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:

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

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
980756

GAINER'S, INC.
8007 HWY 90
SNEADS, FL 32460
(850) 593-5701 FAX (850) 593-5689

September 12, 2002

Uniform Business Report Administrator
P.O. Box 1500
Tallahassee, FL 32460

RE: Corporate UBR

To Whom It May Concern:

PA 000054661

I am writing to inform you that this Florida Corporation Did not receive the first notice for Uniform Business Report Filing. We have had several problems with receiving our mail properly in the past few months. Please forgive our misfortune. The address on the form is correct. Please feel free to cal with any questions. Enclosed is the \$150 filing fee. If further correspondence is needed, please contact me at (850) 593-5701.

Thank You,


James A. Gainer