

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056785

1. Entity Name  
GJG ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place of Business  
2524 RIVERVIEW COURT  
SARASOTA FL 34231

Mailing Address  
2524 RIVERVIEW COURT  
SARASOTA FL 34231

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number NOT APPLICABLE  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GREBER, GLENN R  
2524 RIVERVIEW COURT  
SARASOTA FL 34231

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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 12, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GREBER, GLENN R 2524 RIVERVIEW COURT SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GREBER, JILL A 2524 RIVERVIEW COURT SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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

8/11/2001

941-921-3436

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90003 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

AV 0828600

CR2E034 (5/01)

8/11/2001

To: Division of Corporations / Dept. of State  
P.O. Box 1500

Tallahassee, FL 32302-1500 ~~Post~~  
P9900056785  
BB663580

From: GIG Enterprises of South Fla, Inc  
2524 Riverview Court  
Sarasota, FL 34231

Re: Document # P99000056785

Dear Sir(s):

This is the only form I have  
Received in the mail. I was informed to  
Mail original fee of \$150.00 for filing  
since the first form was not sent to  
me previously. Thank you for your  
consideration. If you have any  
further questions, please feel free to  
call me at 941-921-3436 or my cellular  
Phone at 941-302-3614.

Sincerely,  
Glenn R. Greber  
PT



# HAMIC & SHIVERS, P.A.

Certified Public Accountants

John W. Hamic, CPA

Jeffrey S. Shivers, CPA

800637  
79600036288

4953 Southfork Drive  
Lakeland, Florida 33813  
P. O. Box 2597  
Lakeland, Florida 33806-2597  
(863) 709-8299  
FAX: (863) 619-8299

20800 Walnut Street  
Suite 1  
P.O. Box 2077  
Dunnellon, Florida 34430-2077  
(352) 489-4520  
FAX: (352) 489-6232

August 27, 2001  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

We have enclosed a check in the amount of \$ 150.00 and respectfully request that the penalty be waived.

With the different people involved in settling the estate the form ended up being sent to an address not responsible for filing, and we were not notified until the second notice.

With the change of address shown on the form this will not happen again, and all reports will be filed timely.

John W. Hamic