2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 amg Secretary of State DOCUMENT # P99000056785 1. Entity Name GJG ENTERPRISES OF SOUTH FLORIDA, INC. 05-28-2002 91729 033 ***150.00 Principal Place of Business Mailing Address 2524 RIVERVIEW COURT 2524 RIVERVIEW COURT SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent-GREBER, GLENN R Street Address (P.O. Box Number is Not Acceptable) 2524 RIVERVIEW COURT SARASOTA FL 34231 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01)☐ Addition GREBER, GLENN R NAME STREET ADDRESS 2524 RIVERVIEW COURT STREET ADDRESS CR2E034 CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREBER, JILL A NAME NAME STREET ADDRESS 2524 RIVERVIEW COURT STREET ADDRESS CITY-ST-ZIE SARASOTA FL 34231 CITY-ST-ZIP TITLE Delete ___ Change ___ Addition_ NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Delete

☐ Change

☐ Addition