## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P99000080176



## **FILED** Mar 18, 2003 8:00 am § Secretary of State

| G & G R   | RESEARCH, INC.   |  |  |  | 03                           | -18-2003                     | 90073 048 1            | ***150                                    | 0.00   |  |
|---|--|--|--|--|------------------------------|------------------------------|------------------------|---|--|--|
| Principal Pla<br>979-37TH PL<br>VERO BEACH  | · · •  | Mailing Address<br>979 37TH PLACE<br>VERO BEACH FL 32960 | 1.   |  |                              |                              | <u> </u>               | <b>1818</b> 1 21 <b>8</b> 11              | J <b>es</b> ia <b>s</b> iai 1867             |  |
| 128   | 7 20 2   |  | th Street  | e  |                              |                              |                        |   |  |  |
| Suite, Apt. #, etc. Suite 00 Suite 00 Suite 00  |  |  | 00   |  | CHECK HERE IF MAKING CHANGES |                              |                        |   |  |  |
| City & Sta  | o Beach, FL  | Vio Beau Fl  |  | 4.   | 4. FEI Number 65-0955395     |                              |                        | -   | Applied For Not Applicable                   |  |
| Zip -   | 32960 Country CUSA   | 3d 960   | Country  |  | Certificate of Statu         |                              | Fee                    | . <b>75</b> Ad<br>Require                 |  |  |
|   | 6. Name and Address of Current   | Registered Agent   |  | 7.   | Name and Addres              | s of New Re                  | egistered Ager         | nt  |  |  |
|   | Trans.   | . •  | Name   |  | <u></u>                      |                              |                        |   |  |  |
| HENDERSON, STEVE L ESQ.<br>817 BEACHLAND BOULEVARD  |  |  | Street A   | Street Address (P.O. Box Number is Not Acceptable) |                              |                              |                        |   |  |  |
|   | ACH FL 32963   |  |  | - 4 1.18   |                              | ****                         |                        |   |  |  |
|   |  |  | City   | •  |                              |                              | rt                     | Zip Cod                                   |  |  |
| .8. The above the obliga  | e named entity submits this statement for<br>ations of registered agent.   | r the purpose of changing its                            | registered office or   | registered a                                       | gent, or both, in the        | State of Flor                | ida. I am famil<br>— 🗸 | iar with,                                 | and accept                                   |  |
| SIGNATURE   | Barlon a · He<br>Signature, typed or printed name of registered agent:   |  | : Registered Agent signate   | ure required when                                  | reinstatino)                 |                              | 3/13<br>DATE           | <u>/03</u>                                | <del></del>                                  |  |
|   | ·  |  |  |  |                              |                              |                        |   |  |  |
|   |  | •  |  |  | · ·                          |                              |                        |   |  |  |
|   | FILE NOW!!! FEE IS \$150.00  |  |  |  | 9. Election Ca               | mpaign Fina                  | encina                 | \$5.0                                     | n May Ba                                     |  |
| Afte  | FILE NOW!!! FEE IS \$150.00<br>or May 1, 2003 Fee will be \$550.00<br>ok Payable to Florida Department of  | f State  |  |  | 9. Election Ca<br>Trust Fund | impaign Fina<br>Contribution |                        |   | <b>0</b> May Be<br>I to Fees                 |  |
| Afte  | er May 1, 2003 Fee will be \$550.00  |  | 11.  | A  |                              | Contribution                 | . 🗀                    | Added                                     | to Fees                                      |  |
| Afte<br>Make Chec   | er May 1, 2003 Fee will be \$550.00<br>k Payable to Florida Department of  | DIRECTORS  | 11.<br>TITLE   | A  | Trust Fund                   | Contribution                 | .   CERS AND DIR       | Added                                     | I to Fees<br>S IN 11                         |  |
| Afte<br>Make Chec<br>10.  | er May 1, 2003 Fee will be \$550.00<br>k Payable to Florida Department of<br>OFFICERS AND  |  |  |  | Trust Fund                   | Contribution                 | CERS AND DIR           | Added                                     | to Fees                                      |  |
| Afte Make Check 10.   | or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department of OFFICERS AND D GRIFFIN, DAVID W M.D.   | DIRECTORS  | TITLE  |  | Trust Fund                   | Contribution                 | CERS AND DIR           | Added                                     | I to Fees<br>S IN 11                         |  |
| Afte Make Check 10. TITLE NAME  | or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND D GRIFFIN, DAVID W M.D.  | DIRECTORS  | TITLE<br>NAME  |  | Trust Fund                   | Contribution                 | CERS AND DIR           | Added                                     | I to Fees<br>S IN 11                         |  |
| Afte Make Check  10.  TITLE NAME STREET ADDRESS   | or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department of OFFICERS AND D GRIFFIN, DAVID W M.D. 079 37TH PLACE  | DIRECTORS  | TITLE<br>NAME<br>STREET ADDRESS  |  | Trust Fund                   | Contribution                 | CERS AND DIR           | Added<br>ECTOR:<br>Change                 | S IN 11 Addition                             |  |
| Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D GRIFFIN, DAVID W M.D. 979 37TH PLACE VERO BEACH FL 32960 D   | DIRECTORS  Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | Trust Fund                   | Contribution                 | CERS AND DIR           | Added                                     | I to Fees<br>S IN 11                         |  |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

772-468-4520