

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082723

1. Entity Name

THE FOUR G'S ENTERPRISES, INC.

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90010 045 \*\*\*558.75

Principal Place of Business

P.O. BOX 211  
 FOUNTAIN FL 32438

Mailing Address

P.O. BOX 211  
 FOUNTAIN FL 32438

2. Principal Place of Business

Suite, Apt. #, etc.

City & State  
 FOUNTAIN, FL

Zip  
 32438

Country  
 DAY

3. Mailing Address

P.O. Box 211

Suite, Apt. #, etc.

City & State  
 FOUNTAIN, FL

Zip  
 32438

Country  
 DAY

4. FEI Number

59-35 98879

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GLEASON, THOMAS  
 13437 STATE ROAD #167  
 FOUNTAIN FL 32438

7. Name and Address of New Registered Agent

Name

N/A

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

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, 2000 Min. 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  
 OWNER  
 Tommy L. GLEASON  
 21208 JOANN LANE  
 FOUNTAIN FL 32438

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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TITLE  
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 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:

*Thomas Gleason*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-26-00 750 7229417

CR2E034 (5/00)