

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90679 005 \*\*\*150.00

DOCUMENT # P99000084511

1. Entity Name  
**C G C Design, Inc.**

**DO NOT WRITE IN THIS SPACE**

90052146

2. Principal Place of Business <b>295 Riverway Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>295 Riverway Drive</b> Suite, Apt. #, etc.	
City & State <b>Vera Beach, FL</b>		City & State <b>Vera Beach</b>	
Zip <b>32963</b>	Country	Zip <b>32963</b>	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>59-3623747</b>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		7. Name and Address of Current Registered Agent		
		Name <b>Clem, Polackwich &amp; Vocelle</b> Street Address (P.O. Box Number is Not Acceptable) <b>3333 - 20th Street</b> City <b>Vera Beach</b> FL Zip Code <b>32960</b>		

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **PSTD**  
NAME **Gitto, Christa**  
STREET ADDRESS **295 Riverway Drive**  
CITY - ST - ZIP **Vero Beach, FL 32963**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-234-2514

Daytime Phone #

Attachment

90052146

#P99000084511

March 12, 2003

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

RE: C G C Design, Inc.

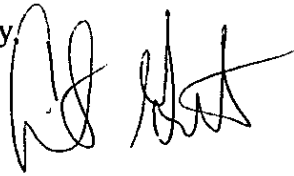
Employer Identification Number: 59-3623747 (correct)

65-0996996 (incorrect)

Dear Sir/Madam:

Please note that the FEI Number of C G C Design, Inc. has been incorrectly listed as 65-0996996, it should be 59-3623747. Thank you for your attention.

Sincerely,

A handwritten signature in black ink, appearing to be "R. J. [unclear]", written over a horizontal dashed line.