

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000084511**

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

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**295 Riverway Drive**  
Suite, Apt. #, etc.

3. Mailing Address

**295 Riverway Drive**  
Suite, Apt. #, etc.

City & State

**Vera Beach, FL**

City & State

**Vera Beach**

Zip  
**32963**

**DO NOT WRITE  
IN THIS SPACE**

4. FEI Number

**59-3623747**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Clem, Polackwich & Vocelle**

Street Address (P.O. Box Number is Not Acceptable)

**3333 - 20th Street**

City

**Vera Beach**

**FL** Zip Code  
**32960**

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 \$560.00  
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**

TITLE  
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CITY - ST - ZIP

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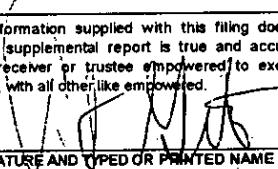
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**DO NOT WRITE  
IN THIS SPACE**

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 empowerments.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**561-234-2514**

Date

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,

