

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089298

1. Entity Name

GUMGY, INC.

Principal Place of Business

1043 HIDDEN COURT  
LAKELAND FL 33809

Mailing Address

1043 HIDDEN COURT  
LAKELAND FL 33809-6644

2. Principal Place of Business

507C Longfellow Ct.

Suite, Apt. #, etc.

5

3. Mailing Address

P.O. Box 837

Suite, Apt. #, etc.

City & State

E Safety Harbor, FL

City & State

Safety Harbor, FL

Zip

34695

Country

USA

Zip

34695-0837

Country

USA

4. FEI Number

59-3606143

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
SAMANTHA GIRTON  
Street Address (P.O. Box Number is Not Acceptable)  
507C Longfellow Ct.

City SAFETY HARBOR

FL

Zip Code  
34695

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.

SAMANTHA GIRTON

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	'STD	<input type="checkbox"/> Delete
NAME	GIRTON, SAMANTHA	
STREET ADDRESS	1043 HIDDEN COURT	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same	
STREET ADDRESS	507C Longfellow Ct.	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SAMANTHA GIRTON

Date

Daytime Phone #

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90091 025 \*\*\*158.75

00089333



DO NOT WRITE IN THIS SPACE