

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S03364**1. Entity Name
G & G ASSOCIATES, INC.**FILED**
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91597 001 ***550.00

552500

DO NOT WRITE IN THIS SPACE

Principal Place of Business
111 N. LONGWOOD ST.
#101
LONGWOOD FL 32750
US
Mailing Address
111 N. LONGWOOD ST.
#101
LONGWOOD FL 32750
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3032136**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GRIMALDI, RICHARD T**
111 N. LONGWOOD ST.
#101
LONGWOOD FL 32750Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete
NAME **GRIMALDI, RICHARD T.**
STREET ADDRESS **1412 SHADWELL CIRCLE**
CITY-ST-ZIP **HEATHROW FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GIAMBONE, GIUSEPPE**
STREET ADDRESS **455 SAXSON BLVD.**
CITY-ST-ZIP **DELTONA FL 32725**TITLE **D** ☒ Change ☐ Addition
NAME **GIAMBONE GIUSEPPE**
STREET ADDRESS **382 WINSFORD CT.**
CITY-ST-ZIP **HEATHROW, FL. 32746**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Giuseppe Giambone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate **5/16/01** (407) 767-7366
Daytime Phone #

CR2E034 (10/00)