

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V70663**

1. Entity Name

GANDALF HOLDINGS, INC.

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90440 002 ***150.00

Principal Place of Business

Mailing Address

**6 LAZY EIGHT DR
DAYTONA BCH FL 32124
US**

**GLAZY EIGHT DR.
6 LAZY EIGHT DRIVE
DAYTONA BCH. FL 32124
US**

2. Principal Place of Business

3. Mailing Address

201 S. RIDGEWOOD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#10

City & State

City & State

EDGEWATER, FL

Zip

Country

Zip

Country

32132

USA

4. FEI Number

59-3148454

Applied For

Not Applicable

5. 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

**COOPER, JOHN C
6 LAZY EIGHT DRIVE
DAYTONA BEACH FL 32124**

Name

COOPER, JOHN C.

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

201 S. RIDGEWOOD AVE #10

City

EDGEWATER

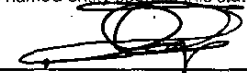
FL

Zip Code

32132

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



JOHN C. COOPER

AND

1/30/02

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD**
NAME **COOPER, JOHN C**
STREET ADDRESS **6 LAZY EIGHT DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **VSD**
NAME **COOPER, JOSEPHINE**
STREET ADDRESS **6 LAZY EIGHT DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Delete

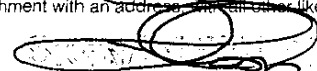
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 change or other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

001447 AV

CR2E034 (9/01)