

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

04-17-2003 90180 040 \*\*\*150.00

DOCUMENT # **L14836**



1. Entity Name  
**GADCO KISSIMMEE 200, INC.**

Principal Place of Business  
**1048 KANE CONCOURSE  
SUITE 2B  
BAY HARBOR FL 33154  
US**

Mailing Address  
**1048 KANE CONCOURSE  
SUITE 2B  
BAY HARBOR FL 33154**



2. Principal Place of Business  
**1177 Kane Concourse  
Suite, Apt. #, etc. 222**

3. Mailing Address  
**1177 Kane Concourse  
Suite, Apt. #, etc. 222**

CHECK HERE IF MAKING CHANGES

City & State  
**Bay Harbor, FL**

City & State  
**Bay Harbor, FL**

Zip  
**33154**

Country

4. FEI Number **65-0149351**

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**

**GADINSKY, SETH  
1048 KANE CONCOURSE - 1111 huncaln Rd #400  
#2B ->  
BAY HARBOR FL 33154 mb, Fl. 33139**

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GADINSKY, MARILYN</b>	
STREET ADDRESS	<b>1048 KANE CONCOURSE SUITE 2B</b>	
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GADINSKY, SETH</b>	
STREET ADDRESS	<b>1048 KANE CONCOURSE SUITE 2B</b>	
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1177 KANE CONCOURSE #222</b>	
STREET ADDRESS	<b>Bay Harbor, FL 33154</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1111 huncaln Rd #400</b>	
STREET ADDRESS	<b>Miami Beach, FL 33139</b>	
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		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marilyn Gadinsky* **4/10/03** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (10/02)