

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

0260768 AV

DOCUMENT # **L79794**

1. Entity Name
GADCO REAL ESTATE COMPANY, INC.



04-11-2003 90165 041 ***150.00

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
US**



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 Country
33154

Zip Country
33154

4. FEI Number **65-0200098**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~GADINSKY, SETH~~
~~1048 KANE CONCOURSE~~
~~SUITE 2B~~
~~BAY HARBOR FL 33154~~

7. Name and Address of New Registered Agent
Name **Edward Gadinoky**
Street Address (P.O. Box Number is Not Acceptable)
1177 Kane Concourse
SUITE 222
City **Bay Harbor** FL Zip Code **FL 33154**

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 (Edward Gadinoky) 4/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D GADINSKY, EDWARD 1048 KANE CONCOURSE #2B BAY HARBOR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1177 Kane Concourse #222 Bay Harbor, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (10/02)