

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M66680

1. Entity Name

GEGELMAN, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90094 018 ***158.75

Principal Place of Business

372 WILSHIRE BLVD.
CASSELBERRY FL 32707

Mailing Address

372 WILSHIRE BLVD.
CASSELBERRY FL 32707-5370

2. Principal Place of Business

1615 Conway Edns Rd
Suite, Apt. #, etc.

3. Mailing Address

1615 Conway Edns Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number 59-2876117

Applied For
☐ Not Applicable

Zip Country
32806 Orange

Zip Country
32806 Orange

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

GEGELMAN, TODD
372 WILSHIRE BLVD.
CASSELBERRY FL 32707

Name
Gegelman, Todd

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

1615 Conway Edns Rd.

City
Orlando

FL

Zip Code
32806

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.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEGELMAN, TODD 372 WILSHIRE BLVD. CASSELBERRY FL 32707	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gegelman, Todd 1615 Conway Gardens Rd Orlando, FL 32806	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)