FROM : MIRTHA VALDES MARTIN CPA   PHONE NO. : 407 804 9440

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90414 046 ***150.00

DOCUMENT # **M66680**

1. Entity Name
GEGELMAN, INC.

Principal Place of Business	Mailing Address
1615 CONWAY GDNS RD ORLANDO FL 32806	1615 CONWAY GDNS RD ORLANDO FL 32806

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-2876117 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEGELMAN, TODD
1615 CONWAY GDNS RD
ORLANDO FL 32806

7. Name and Address of New Registered Agent

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE: $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 NAME STREET ADDRESS CITY-ST-ZIP	P GEGELMAN, TODD 1615 CONWAY GARDENS RD ORLANDO FL 32806 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE: [signature] TODD A. GEGELMAN 4-1-02 407 894 4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

MIRTHA VALDES MARTIN, CPA, PA
CERTIFIED PUBLIC ACCOUNTANTS
1321 Arbor Vista Loop, #125, Lake Mary, FL 32746
(407) 804-5533 / Fax (407) 804-9440
E-Mail = mvmcpa@juno.com

#M00800/669902

To: Todd Gogelman Date: 5/1/2002

Company: Phone #:

Fax #: 8940094

From: Mirtha Valdes Martin, CPA # of Pages including cover

Re: **ANNUAL REPORT - Filing Instructions**

1. Amount due: $ 150
2. Make check payable to DEPARTMENT OF STATE
3. Officer/Director should sign in Block 13
4. Mail in envelope attached
5. **MUST BE POSTMARKED BY WED. MAY 1. 2002 TO AVOID $400 LATE FILING PENALTY**

MAIL TO:

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500