

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 21, 2001 8:00 am
Secretary of State

04-26-2001 90122 002 ***150.00

DOCUMENT # P00000022583

1. Entity Name
GEAR BON AUTO SALES, INC.

Principal Place of Business 1605 MAIN ST SUITE 1001 SARASOTA FL 34236	Mailing Address 1605 MAIN ST SUITE 1001 SARASOTA FL 34236
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- 45360



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5905 Palmer Blvd Sarasota, Florida	3. Mailing Address 7192 Hawkins Rd Sarasota, Florida
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City & State	City & State	4. FEI Number 65-0986991	Applied For <input type="checkbox"/> Not Applicable
Zip 34232	Country Sarasota	Zip 34241	Country Sarasota
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
GOLDSMITH, STANLEY A S
 1605 MAIN ST
 SUITE 1001
 SARASOTA FL 34236

7. Name and Address of New Registered Agent
 Name **Gary Anthony**
 Street Address (P.O. Box Number is Not Acceptable)
7192 Hawkins Rd.
 City **Sarasota** FL Zip Code **34241**

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 *Gary Anthony* **Gary Anthony, President**
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANTHONY, BONNIE A 7192 HAWKINS RD SARASOTA FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANTHONY, GARY E 7192 HAWKINS RD SARASOTA FL 34241
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANTHONY, BONNIE A (Address unchanged)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPASAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANTHONY, GARY E (address unchanged)
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

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: *Gary Anthony* **Gary Anthony - President** 4-18-01 941-922-3718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)