

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90215 043 ***150.00

AV 456357

DOCUMENT # **P00000022583**

1. Entity Name
GEAR BON AUTO SALES, INC.



Principal Place of Business
**5905 PALMER BLVD.
SARASOTA FL 34232**

Mailing Address
**7192 HAWKINS RD.
SARASOTA FL 34241**



2. Principal Place of Business
1815A Snug Harbor Pl

3. Mailing Address

Suite, Apt. #, etc.
SARASOTA, FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0986991** Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

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

Zip **34234** Country **US** Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANTHONY, GARY
7192 HAWKINS RD.
SARASOTA FL 34241**

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 *Gary E. Anthony* **Gary E. Anthony** 4/9/2003
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST ANTHONY, BONNIE A 7192 HAWKINS RD SARASOTA FL 34241	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS ANTHONY, GARY E 7192 HAWKINS RD SARASOTA FL 34241	<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
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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: *Gary E. Anthony* **Gary E. Anthony** President 4/9/2003 941-922-3798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)