

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90122 001 \*\*\*150.00

DOCUMENT # *P00000096809*

1. Entity Name

*TOM GAERTNER, INC.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*113 N. FEDERAL HWY.*

3. Mailing Address

*113 N. FEDERAL HWY.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*DANIA BEACH, FL.*

City & State

*DANIA BEACH, FL.*

4. FEI Number

*05-1088373*

Applied For

Not Applicable

Zip

Country

*33004*

Zip

Country

*33004*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

*GERALD ADAMS*

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

*113 N. FEDERAL HWY.*

City

*DANIA BEACH*

FL

Zip Code

*33004*

**DO NOT WRITE IN THIS SPACE**

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)

*- GERALD ADAMS - REG AGENT*

*4-30-02*

DATE

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

January 1 - May 1. Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<i>P, T, V, B, D</i>
NAME	<i>THOMAS GAERTNER</i>
STREET ADDRESS	<i>601 S.W. 18TH STREET</i>
CITY - ST - ZIP	<i>FT. LAUDERDALE, FL. 33315</i>
TITLE	<i>D</i>
NAME	<i>GERALD ADAMS</i>
STREET ADDRESS	<i>113 N. FEDERAL HWY.</i>
CITY - ST - ZIP	<i>DANIA BEACH, FL. 33004</i>
TITLE	
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*- GERALD ADAMS - DIRECTOR 4-30-02*

Date

Daytime Phone #

CR2E034B (12/01)