

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90018 050 \*\*\*150.00

DOCUMENT # POD0000110931

1. Entity Name

GESULD & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

2929 E. Commercial Blvd #PHA  
Ft. Lauderdale, FL 33308

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1058907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

William Beggs, Esq.

Name

Beth Gesuld

2929 E. Commercial Blvd #PHA

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

2929 EAST Commercial Blvd

Ft. Lauderdale, FL 33308

P.H.A.

City

Ft. Lauderdale

FL

Zip Code

33308

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.

Will Beggs William Beggs

2-2-01

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, 2001 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			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>Director</u>	<u>William Beggs</u>	<u>2929 E. Commercial Blvd #PHA</u>
		<u>Ft. Lauderdale, FL</u>	<u>33308</u>
			<input checked="" 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
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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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
	<u>President/Director</u>	<u>David Allen Gesuld</u>	<u>2929 E. Commercial Blvd #PHA</u>
		<u>Ft. Lauderdale, FL</u>	<u>33308</u>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			<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: David Allen Gesuld  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-01

Date

954-454-5600

Daytime Phone #

CR2E034 (1/1/00)