

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

DOCUMENT # P95000080102
1. Entity Name
GURNEE ENTERPRISES, INC.

FILED
02 JUL 23 AM 11:51

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600007666046--7
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
411 NE 8TH AVE
Suite, Apt. #, etc.

3. Mailing Address
411 NE 8TH AVE
Suite, Apt. #, etc.

City & State
DELRAY BEACH FL.

City & State
DELRAY BEACH FL.

Zip
33483 Country
USA

Zip
33483 Country
USA

4. FEI Number
65-0629666

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

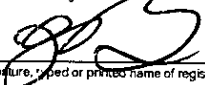
7. Name and Address of Current Registered Agent

Name
DAVID W. BAUER

Street Address (P.O. Box Number is Not Acceptable)
411 NE 8TH AVE

City
DELRAY BEACH FL Zip Code
33483

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.

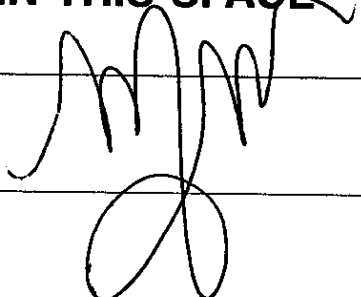
SIGNATURE  **DAVID W. BAUER, AGENT** DATE **7-12-02**

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

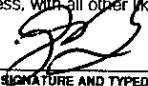
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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 NAME STREET ADDRESS CITY-ST-ZIP	P, C, O, D, M DAVID W BAUER 411 NE 8TH AVE DELRAY BEACH FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, T, D LUCY BAUER 411 NE 8TH AVE DELRAY BEACH FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAM R. BAUER 1002 SEASAGE DR. DELRAY BEACH FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE 
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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:  **DAVID W. BAUER** DATE **7-12-02** DAYTIME PHONE # **561-265-0246**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)