## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 12, 2002 8:00 am P95000026035 DOCUMENT # **Secretary of State** 1. Entity Name 03-12-2002 90280 019 \*\*\*150.00 GEHR-HUFF TECHNOLOGIES, INC. Principal Place of Business Mailing Address 1645 PALM BEACH LAKES BLVD 1645 PALM BEACH LAKES BLVD SUITE 480 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 Principal Place of Business Mailing Address Fair Rild Gardens Out Fairchild Hardens auc. uite, Apt. #, etc. 202 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0565403 andens Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEHRING, KURT O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD SUITE 480 WEST PALM BEACH FL 33401 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. d agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) TITLE Delete TITLE ☐ Addition GEHRING, KURT NAME 11505 Fairchild Gardens Ave. Ste. 202 1645 PALM BEACH LAKES BLVD STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP Halm Brach Gardens FL 33410 ST Change ☐ Addition TITLE ☐ Delete TITLE GEHRING, LINDA NAME 11505 Fairichild Gardens Ave. Ste. 202 1645 PALM BEACH LAKES BLVD #480 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP Palm Beach Gardens TITLE ☐ Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

Date

Daytime Phone #