## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## F96000005424 DOCUMENT #

G.E.J.E.L. MANAGEMENT, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90308 005 \*\*\*150.00

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Sulle, Apt. #; etc.    City & State   City & State	355 SARAT SNYDER N	OGA RD	355 SARATOGA RD SNYDER NY 14226			
City & State  Ci	2. Principa	Place of Business	3. Mailing Address			
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Country   Zip   Country   Zip   Country   S. Corrificate of Status Desired   S8.75 Additional Fee Required   S8.75 Additiona	City & State		City & State		1 2 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Company   Comp	Zip	Country	Zíp	Country	Not Applicable	1
HOLLEY, PATRICK 3357 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118  City FL Zo Code  City FL		6. Name and Address of Curren	t Posistavad A saut	<u> </u>	Fee Required	1
HOLLEY, PATRICK 3357 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118    City   FL   Zip Code		or mand and Address of Curren	r negistered Agent	Namo	7. Name and Address of New Registered Agent	1
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	HOLLEY	, PATRICK		Name		ı
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature precision of registered agent agent and state it applicable.   (not TE Augustand Agent signature interest agent)   DATE	3357 S ATLANTIC AVE			Street Addre	ess (P.O. Box Number is Not Acceptable)	l
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the Stato of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature private or formation reare of registered agent agent.   (4c7)E. Registered Agent agentation required when recruitating:   DATE	DATION	IA DEACH SHUKES FL 32118				
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SIGNATURE    Signature formed name of regretation against and still it applicables. (NOTE: Registative Against signature regulation regulated when remetating)   DATE	the obliga	e named entity submits this statement fations of registered agent.	or the purpose of changing it	s registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accept	ĺ
Signature, power or printed name of largetered agent and life if applicables in the printed printed in applicable in the printed printed in applicable in the printed printed in applicable in the printed p		5				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NO	TE: Registered Agent signat		1
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State  10.		·		Teglstered Agent signature requ	pured when reinstating) DATE	
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-2IP  TOWNSELL, LEO 276 LEBRUN EGGERTSVILLE NY  TOWNSELL, JOHN 223 MT. VERNON ROAD SNYDER NY  TITLE NAME SIREET ADDRESS CITY-ST-2IP  TITLE NAME NAME SIREET ADDRESS CITY-ST-2IP  TITLE NAME NAME SIREET ADDRESS CITY-ST-2IP  TITLE NAME NAME NAME SIREET ADDRESS CITY-ST-2IP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM					9. Election Campaign Financing \$5.00 values	
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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

SIGNATURE: