

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90198 017 \*\*\*150.00

**DOCUMENT # 428374**

1. Entity Name  
**FIFTH GEAR INC.**

Principal Place of Business  
**5000 SAWGRASS VILLAGE CIR  
 PONTE VEDRA BCH FL 32082  
 US**

Mailing Address  
**5000 SAWGRASS VILLAGE CIR  
 PONTE VEDRA BCH FL 32082  
 US**

UUUJJJJJJ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**818 AIA North**

**818 AIA North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 300**

**Suite 300**

City & State

City & State

**Ponte Vedra Beach FL**

**Ponte Vedra Beach FL**

Zip

Country

Zip

Country

**32082**

**U.S.A.**

**32082**

**U.S.A.**

4. FEI Number **59-1483603**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKINNER, HAL  
 50 N LAURA ST  
 BARNETT CITNER STE 3300  
 JACKSONVILLE FL 32201**

Name

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

City

**FL**

Zip Code

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNE, DONIS P 5000 SAWGRASS VILLAGE CIR PONTE VEDRA BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HORNE ELLIOTT S 5000 SAWGRASS VILLAGE CIR PONTE VEDRA BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWNFIELD, THOMAS R 5000 SAWGRASS VILLAGE CIR PONTE VEDRA BEACH FL	<input 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		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>818 AIA North Suite 300 Ponte Vedra Beach FL, 32082</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>818 AIA North Suite 300 Ponte Vedra Beach FL 32082</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>818 AIA North Suite 300 Ponte Vedra Beach FL 32082</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-01**

Date

**285-3400**

Daytime Phone #

CR2E034 (10/00)