

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90103 036 ***150.00

DOCUMENT # 597677

1. Entity Name
GEE INVESTMENT COMPANY

Principal Place of Business
3165 ROYAL BIRKDALE WAY
DAYTONA BEACH FL 32124-6810
US

Mailing Address
3165 ROYAL BIRKDALE WAY
DAYTONA BEACH FL 32124-6810
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1867586

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOEHLER, ALEXIS C
3165 ROYAL BIRKDALE WAY
DAYTONA BEACH FL 32124

Name ALEXIS C. MONTAGUE

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

3165 Royal Birkdale way

City Daytona Beach

FL

Zip Code 32124

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 *Alexis C. Montague* (Formerly Koehler) ALEXIS C. MONTAGUE 4/2/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME ALEXIS C. KOEHLER ☐ Delete
STREET ADDRESS 3165 ROYAL BIRKDALE WAY
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE PTD
NAME ALEXIS C. MONTAGUE ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD
NAME MONTAGUE, DAVID M ☐ Delete
STREET ADDRESS 749 OPOSSUM LANE
CITY-ST-ZIP SWITZERLAND FL 32259

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Alexis C. Montague* ALEXIS C. MONTAGUE 4/2/01 386-672-853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000745

CR2E034 (10/00)