

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F00000000038**

1. Entity Name

**GADCO DEVELOPMENT INCORPORATED****FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90323 024 \*\*\*150.00

Principal Place of Business

**317 N.E. 36TH AVENUE  
OCALA FL 34470**

Mailing Address

**317 N.E. 36TH AVENUE  
OCALA FL 34470**

2. Principal Place of Business

**13237 SW 3rd Court**

Suite, Apt. #, etc.

3. Mailing Address

**13237 SW 3rd Court**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Ocala, FL. 34473**City & State  
**Ocala, FL. 34473**4. FEI Number **31-1676749**

Applied For

Not Applicable

Zip  
**34473**Country  
**Marion**Zip  
**34473**Country  
**Marion**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GUTAPFEL, JEFFREY  
317 N.E. 36TH AVENUE  
OCALA FL 34470**

7. Name and Address of New Registered Agent

Name

**Jeffery Gutapfel**

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

**11991 Sw 39th Lane**City  
**Ocala,**Zip Code  
**34481**

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

**Jeff Gutapfel - President****4-04-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
GUTAPFEL, JEFF  
3430 N.E. 13TH STREET  
OCALA FL 34470** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
WISECUP, BRYAN SCOTT  
6280 S.E. 46TH AVENUE  
OCALA FL 34480** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
Gutapfel, Jeffery  
11991 SW 39th Lane  
Ocala, FL. 34481** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

**Jeff Gutapfel - President****4-04-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0418702