

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001522

Name

GERALD CORPORATION

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90767 020 ***150.00

1 Place of Business Mailing Address
ENS ROAD 3823 OWENS ROAD
32097 YULEE FL 32097

Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State City & State

Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4040456 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

DAVID, WILLIAM H
WHITE OAK PLANTATION
3823 OWENS ROAD
YULEE FL 32097

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW WITH FEES \$150.00
After MAY 1, 2003, Fee will be \$50.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

SET ADDRESS ST- ZIP	CD BERGREEN, BERNARD D 111 WEST 50TH STREET NEW YORK NY 10020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SET ADDRESS ST- ZIP	P DAVIS, WILLIAM H 10000 OSBORNE STREET ST. MARYS GA 31558	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SET ADDRESS ST- ZIP	VD MOODY, NATALIE P 111 WEST 50TH STREET NEW YORK NY 10020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SET ADDRESS ST- ZIP	S CROPPER, STEPHEN W 111 WEST 50TH STREET NEW YORK NY 10020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SET ADDRESS ST- ZIP	V WOOD, BEN 1000 OSBORNE STREET ST. MARYS GA 31558	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SET ADDRESS ST- ZIP	V GARRETT, VICTOR 1000 OSBORNE STREET ST. MARYS GA 31558	<input type="checkbox"/> Delete	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

Date

Daytime Phone #

4-30-03 904-548-1033