

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F34467**

1. Entity Name

GEAR AND WHEEL, INC.**FILED**
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90004 019 ***158.75

A0012782

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1965 STANHOME WAY
ORLANDO FL 328041965 STANHOME WAY
ORLANDO FL 32804-5113

2. Principal Place of Business

3. Mailing Address

1900 W. New Hampshire St
Suite, Apt. #, etc.1900 W. New Hampshire St
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

-Zip- -Country

32804 USA

-Zip- -Country

32804 USA

4. FEI Number

59-2095246

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

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PD	<input checked="" type="checkbox"/> Delete
NAME	PETRY, EVERETT W.	
STREET ADDRESS	1108 WILKINSON ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCONNEL, MAC	
STREET ADDRESS	3 RIVER WAY, STE #200	
CITY-ST-ZIP	HOUSTON TX	
TITLE	LCS	<input type="checkbox"/> Delete
NAME	PRYZANT, PAUL	
STREET ADDRESS	3 RIVER WAY, STE #200	
CITY-ST-ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Battle	
STREET ADDRESS	1900 W. New Hampshire St	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trey Hamilton	
STREET ADDRESS	3 River Way, Ste #200	
CITY-ST-ZIP	Houston, TX 77056-1947	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-00

407-843-1900

CR2E034 (9/99)