

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90068 048 ***150.00

DOCUMENT # F63830

1. Entity Name

GREMEL MOBILE HOMES, INC.

Principal Place of Business

Mailing Address

% KIRK A. GREMEL
 11310 N NEBRASKA AVE
 TAMPA FL 33612

% KIRK A. GREMEL
 11310 N NEBRASKA AVE
 TAMPA FL 33612-5733

2. Principal Place of Business

13211-B N. NEBRASKA AVE

3. Mailing Address

13211-B N. NEBRASKA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL 33612

City & State

TAMPA FL

4. FEI Number

59-2158462

Applied For

Not Applicable

Zip

33612

Country

USA

Zip

33612

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GREMEL (KIRK A.)
 11310 N NEBRASKA AVE
 TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name

KIRK A. Gremel

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

13211-B N-NEBRASKA AVE

City

TAMPA

FL

Zip Code

33612

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

Kirk A. Gremel - Pres

April 22, 2000

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 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	PT	<input type="checkbox"/> Delete
NAME	GREMEL, KIRK A	
STREET ADDRESS	16523 SILVERHILL DR	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GREMEL, BILLIE L	
STREET ADDRESS	16523 SILVERHILL DR	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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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 empowered.

SIGNATURE:

Kirk A. Gremel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2000 **813-971-3335**

Date

Daytime Phone #

CR2E034 (9/99)