

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F63830**1. Entity Name
GREMEL MOBILE HOMES, INC.Principal Place of Business
**13211-B N. NEBRASKA AVE
TAMPA FL 33612**Mailing Address
**13211-B N. NEBRASKA AVE
TAMPA FL 33612**

2. Principal Place of Business

1105 N. NEBRASKA AVE

Suite, Apt. #, etc.

3. Mailing Address

1105 N. NEBRASKA AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL 33612

City & State

TAMPA FLA4. FEI Number **59-2158462**

Applied For

Not Applicable

Zip

33612

Country

FLORIDA

Zip

33612

Country

FLORIDA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREMEL (KIRK A.)
13211-B N. NEBRASKA AVE
TAMPA FL 33612**

7. Name and Address of New Registered Agent

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

1-10-019. 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
**PT
GREMEL, KIRK A
16523 SILVERHILL DR
TAMPA, FL 00000** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
GREMEL, BILLIE L
16523 SILVERHILL DR
TAMPA, FL 00000** ☐ 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
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kirk A. Gremel **Kirk A. Gremel - Pres** **1-10-01** **813 971-3335****FILED
Jan 19, 2001 8:00 am
Secretary of State**

01-19-2001 90037 009 ***150.00

D0004593

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)