## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

**DOCUMENT #** 

H59756

Country

6. Name and Address of Current Registered Agent

1. Entity Name **GEL CORPORATION** 

Principal Place of Business 1200 S LEAVITT AVENUE **ORANGE CITY FL 32763** US

Zip

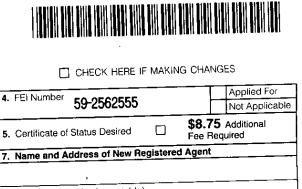
Mailing Address 1200 S LEAVITT AVENUE ORANGE CITY FL 32763

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

## **FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90116 033 \*\*\*150 00



Street Address (P.O. Box Number is Not Acceptable) RAY, T. HULEN 118 WEST NEW YORK AVENUE **DELAND FL 32720** Zip Code City 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. I am familiar with, and accept Time IT Oc the obligations of registered agent.

Name

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE  OATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10.	OFFICERS AND DIRECTO	RS	11.	There Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD EVAN, MILTON EUGENE 1200 SO LEAVIH AVE ORANGE CITY FL 32763	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 S. Leavitt Avenue Correction
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	(	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS Change Addition  Stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.