

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J45784

1. Entity Name

GEL ENTERPRISES, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90026 046 ***150.00

Principal Place of Business

Mailing Address

3565 S. ORANGE BLOSSOM TRIL-
ORLANDO FL 32837
US

P O BOX 770297
ORLANDO FL 32877-0297
US

2. Principal Place of Business

3. Mailing Address

5129 Watervista Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

4. FEI Number

59-2757056

Applied For

Not Applicable

Zip

Country

32821

Orange

Zip

Country

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

DAWSON, IRA R
5129 WATERVISTA DR
ORLANDO FL 32821

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 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 PD
NAME DAWSON, IRA R.
STREET ADDRESS 5129 WATERVISTA DR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VTD
NAME WALLOGA, ROBERT S.
STREET ADDRESS 2246 EXCALIBUR DR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME Gypsie A. Dawson
STREET ADDRESS 5129 Watervista Dr.
CITY-ST-ZIP Orlando FL 32821 ☐ Change ☒ Addition
CFO/Director

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME Deborah I Dawson
STREET ADDRESS 500 Macaw Lane Apt. 2
CITY-ST-ZIP Fern Park, FL 32730 ☐ Change ☒ Addition
Director

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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

Ira R. Dawson Pres.

Date

407-248-2551

Daytime Phone #

CR2E034 (9/99)