

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J84800

1. Entity Name

G.D.E. PRODUCTS CO., INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90007 001 ***150.00

Principal Place of Business

200 SALZADO STREET
ROYAL PALME BEACH FL 33411
US

Mailing Address

2964 MEADOWOOD DRIVE
NEW PORT RICHEY FL 34655-3711
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

☒ 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

VECLOTCH, EDWARD J
4209 127TH TRAIL NORTH
2964 MEADOWOOD DR
NEW PT RICHEY FL 34655

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	VECLOTCH, GARY JOHN	200 WEEPING WILLOW WAY							
		TYRONE GA								
	D	VECLOTCH, EDWARD J	2964 MEADOWOOD DR							
		NEW PORT RICHEY FL								
	D	VECLOTCH, DENNIS JAMES	200 SALZADO STREET							
		ROYAL PALM BEACH FL								

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:

GARY J. VECLOTCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

770-631-2725

Daytime Phone #

CR2E034 (9/99)