

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90072 005 ***150.00

DOCUMENT # K78146

1. Entity Name
GELMO ENTERPRISES, INC.

AMERICAN AUTO AIR
737-A Tamiami Trail
Port Charlotte, FL 33953
(941) 629-7979

Principal Place of Business

Mailing Address

~~2404 TAMAMIAMI TRAIL~~ **737 TAMAMIAMI TR**
PORT CHARLOTTE FL 33953

~~2404 TAMAMIAMI TRAIL~~
PORT CHARLOTTE FL 33952-0922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

AMERICAN AUTO AIR
 Suite, Apt. #, etc.
737-A Tamiami Trail
Port Charlotte, FL 33953
(941) 629-7979

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 Suite, Apt. #, etc.
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Port Charlotte, FL 33953
(941) 629-7979

4. FEI Number **65-0111643**

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

~~MOSCATO, SALVATORE J.~~
~~2404 TAMAMIAMI TRAIL~~
~~PORT CHARLOTTE FL 33952~~

Name **LARRY EMARD**
 Street Address (P.O. Box Number is Not Acceptable)
737-A TAMAMIAMI TR
 City **Port Charlotte** FL Zip Code **33953**

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 **LARRY EMARD** *Larry Emard* **4-11-00**
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	<input type="checkbox"/> Delete
NAME	EMARD, LARRY	
STREET ADDRESS	3222 LWAMINGTON ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOSCATO, NANCY	
STREET ADDRESS	18601 KLINGLER CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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		
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CITY-ST-ZIP		
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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: **LARRY EMARD** *Larry Emard* **4-11-00** **941-629-7979**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)