

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007228

1. Entity Name

GEMCO SALES, L.L.C.

FILED

01 AUG 24 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2072 BILTMORE POINT  
LONGWOOD FL 32779

Mailing Address

2072 BILTMORE POINT  
LONGWOOD FL 32779

2. Principal Place of Business

2180 SR 434W

Suite, Apt. #, etc.  
Suite 1124

City & State  
Longwood, FL

Zip  
32779

Country  
USA

3. Mailing Address

2180 SR 434W

Suite, Apt. #, etc.  
Suite 1124

City & State  
Longwood, FL

Zip  
32779

Country  
USA

4. FEI Number

59-3620378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VIHLEN & SILLS, P.A.  
1173 SPRING CENTRE SOUTH BLVD.  
SUITE C  
ALTAMONTE SPRINGS FL 32714

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME  
MGR SNYDER, CHARLES  
STREET ADDRESS  
2072 BILTMORE POINT  
CITY-ST-ZIP  
LONGWOOD FL 32779

☐ Delete

TITLE NAME  
MGR SNYDER, PAMELA  
STREET ADDRESS  
2072 BILTMORE POINT  
CITY-ST-ZIP  
LONGWOOD FL 32779

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME  
2180 SR 434W, Suite 1124  
STREET ADDRESS  
Longwood, FL 32779

☒ Change ☐ Addition

TITLE NAME  
2180 SR 434W, Suite 1124  
STREET ADDRESS  
Longwood, FL 32779

☒ Change ☐ Addition

TITLE NAME  
100004562581--0  
STREET ADDRESS  
-08/29/01--01088--015  
CITY-ST-ZIP  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/15/01 402/602/2317

CR2E083 (5/01)

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