

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90937 014 ****70.00

DOCUMENT # N02000004235

1. Entity Name
GEAR-UP, INC.



Principal Place of Business
**6910 WEST UNIVERSITY AVENUE
SUITE 3
GAINESVILLE, FL 32360-7**

Mailing Address
**6910 WEST UNIVERSITY AVENUE
SUITE 3
GAINESVILLE, FL 32360-7**

2. Principal Place of Business
400 8th Avenue North
Suite, Apt. #, etc.

3. Mailing Address
400 8th Avenue North
Suite, Apt. #, etc.

City & State
TICARRA, FL
Zip
33715
Country
USA

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TICARRA, FL
Zip
33715
Country
USA

4. FEI Number
43-1964922

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RIDDLE, BARRY D
6910 WEST UNIVERSITY AVENUE
SUITE 3
GAINESVILLE, FL 32607**

7. Name and Address of New Registered Agent

Name **BARRY D. RIDDLE**
Street Address (P.O. Box Number is Not Acceptable)
400 8th Avenue North
City **TICARRA** State **FL** Zip Code **33715**

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 the obligations of registered agent.

SIGNATURE **Barry D. Riddle**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE **4/1/03**

FILE NOW FEES \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **Director** ☒ Delete
NAME **Daniel Sheridan**
STREET ADDRESS **23 Coventry Circle**
CITY-ST-ZIP **MANHATTAN, New York 10541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vincent Forras - Director** ☐ Delete
NAME
STREET ADDRESS **99 GLIMWOOD ROAD**
CITY-ST-ZIP **South Salem, New York 10590**

TITLE **DIRECTOR** ☐ Delete
NAME **MONICA CALABRA**
STREET ADDRESS **99 GLIMWOOD ROAD**
CITY-ST-ZIP **South Salem, New York 10590**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **BARRY D. RIDDLE**
STREET ADDRESS **400 8th Avenue North**
CITY-ST-ZIP **TICARRA, FL 33715**

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

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

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 617, 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.

SIGNATURE **Vincent Forras**
Signature typed or printed name of signing officer or director

DATE **4/1/03** DAYTIME PHONE # **9145335196**

CR20037 (10/02)