

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000079551**

1. Entity Name

**GISTRO, INC.**

Principal Place of Business

**SOUTHERN PINES DRIVE  
BONITA SPRINGS FL 34135**

Mailing Address

**PO BOX 110131  
NAPLES FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**WINKELSAS, TIFFANY  
1601 JACKSON ST., SUITE 201  
FT. MYERS FL 33901**

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

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, 2002 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLZBERG, J. FRITZ</b>	
STREET ADDRESS	<b>1601 JACKSON ST., SUITE 201</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33901</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.15. 2002 (941) 495 2089

FILED

02 JUN 18 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B0080281



DO NOT WRITE IN THIS SPACE

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

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

CR2E034 (9/01)

Form **SS-4**(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)

GISTRO, INC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

PO BOX 110131

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

NAPLES, FL 34108

5b City, state, and ZIP code

6 County and state where principal business is located

USA, STATE OF FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ►

J. FRITZ HOLZBERG,

592-38-8968

8a Type of entity (Check only one box.) (See instructions.)

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☐ Personal service corp.☐ Limited liability co.☐ National Guard☐ Estate (SSN of decedent)☐ Plan administrator-SSN☒ Other corporation (specify) ►☐ Trust☐ Federal Government/military

(enter GEN if applicable)

REAL ESTATE CORP

☐ Farmers' cooperative☐ Church or church-controlled organization8b If a corporation, name the state or foreign country  
(if applicable) where incorporated

State

STATE OF FLORIDA

Foreign country

9 Reason for applying (Check only one box.)

☒ Started new business (specify) ►☐ Hired employees☐ Created a pension plan (specify type) ►☐ Banking purpose (specify) ►☐ Changed type of organization (specify) ►☐ Purchased going business☐ Created a trust (specify) ►☐ Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.)

MAY 23, 2000

11 Closing month of accounting year (See instructions.)

DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural

Agricultural

Household

NONE

NONE

NONE

14 Principal activity (See instructions.) ►

REAL ESTATE DEVELOPMENT

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ►

☐ Yes☒ No

16 To whom are most of the products or services sold? Please check the appropriate box.

☒ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business?

Note: If "Yes," please complete lines 17b and 17c.

☐ Yes☒ No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

J. FRITZ HOLZBERG  
DIRECTOR

Business telephone number (include area code)

941-495-8089

Fax telephone number (include area code)

941-495-8089

Name and title (Please type or print clearly.) ►

Signature

J. Fritz Holzberg

Date

April 10, 2002

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying