

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90107 043 ***150.00

DOCUMENT # P00000095629

1. Entity Name

Gelu Homes, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1113 S.E. 47th Terrace

Suite, Apt. #, etc.

Suite 4

City & State

Cape Coral, Florida

Zip

33904

Country

USA

3. Mailing Address

1113 S.E. 47th Terrace

Suite, Apt. #, etc.

Suite 4

City & State

Cape Coral, Florida

Zip

33904

Country

USA

4. FEI Number

65-1047730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Christine F. Wright, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1105 Cape Coral Parkway, East

Suite C

City

Cape Coral

FL

33904

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity signifies this statement for the purpose of changing its registered office, registered agent, or both in the State of Florida.

SIGNATURE

**9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP**

D

Gerhard Tausch

46 Rue Street

Exupery, France F-83600

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

D

Lutz-Peter Ross

Vierkotter Field 7 A

Roesrath, Germany D-51503

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

TITLE

NAME

**STREET ADDRESS
CITY- ST- ZIP**

TITLE

NAME

**STREET ADDRESS
CITY- ST- ZIP**

TITLE

NAME

**STREET ADDRESS
CITY- ST- ZIP**

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with an officer like empowered.

SIGNATURE:

Gerhard Tausch, Director 2/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Digitized Name

CR2E034B (12/01)