

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90032 022 ***150.00

DOCUMENT # P01000021480

1. Entity Name
GOLD PLATED EMBLEMS & AUTO ACCESSORIES, INC.

Principal Place of Business

5650 YAHL STREET #4
NAPLES FL 34109

Mailing Address

5650 YAHL STREET #4
NAPLES FL 34109

2. Principal Place of Business

3359 Belvedere Rd
 Suite: Apt. #, etc. **"D"**

3. Mailing Address

3359 Belvedere Rd
 Suite: Apt. #, etc. **"D"**

City & State

W. Palm Bch., FL
 Zip **33406** Country **US**

City & State

W. Palm Bch., FL
 Zip **33406** Country **US**

4. FEI Number

65-1078782

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOVSYEYVA, INGA
5650 YAHL STREET #4
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name **Gerald L. Hufft**
Street Address (P.O. Box Number is Not Acceptable) **3359 Belvedere Rd, Suite "D"**
City **W. Palm Bch., FL** **FL** **Zip Code** **33406**

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]* **Gerald L. Hufft, V.P.** **3/8/02**
 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 **\$5.00 May Be**
 Trust Fund Contribution. ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ **Delete**
NAME **GOVSYEYVA, INGA**
STREET ADDRESS **5650 YAHL STREET #4**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☐ **Delete**
NAME **HUFFT, GERALD**
STREET ADDRESS **5650 YAHL STREET #4**
CITY-ST-ZIP **NAPLES FL 34109**

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **3359 Belvedere Rd # D**
CITY-ST-ZIP **W. Palm Bch., FL 33406**

TITLE **DP** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **3359 Belvedere Rd # D**
CITY-ST-ZIP **W. Palm Bch., FL 33406**

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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]* **Gerald L. Hufft** **3/8/02** **561-616-8877**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **DAYTIME PHONE #**

CR2E034 (9/01)