

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90110 042 ***150.00

DOCUMENT # P01000037757

1. Entity Name

GERALD GENNA, INC.

Principal Place of Business

860 EMERSON DRIVE
PALM BAY FL 32907

Mailing Address

860 EMERSON DRIVE
PALM BAY FL 32907

2. Principal Place of Business

4651 Babcock St.
Suite, Apt. #, etc.

3. Mailing Address

4651 Babcock St.
Suite, Apt. #, etc.

City & State

Palm Bay

Zip

Florida

Country

US

City & State

Palm Bay

Zip

Florida

Country

US

4. FEI Number

59-371432

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBY, DAVID H
1581 ROBERT J. CONLAN BLVD. NE
SUITE 100
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name Gerald Genna

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

860 Emerson Dr.

Palm Bay FL

City

FL

Zip Code

32907

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

Gerald Genna
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/10/02
DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Gerald Genna	<input type="checkbox"/> Delete
NAME	860 Emerson Dr.	
STREET ADDRESS	Palm Bay, FL 32907	
CITY-ST-ZIP	Director, President, Treasurer, Secretary	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

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

Gerald Genna8/10/02

Daytime Phone #

CR2E034 (9/01)