FILED
Jul 02, 2002 8:00 am
Secretary of State
03-26-2002 90076 048 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102586

1. Entity Name
GEP EQUIPMENT CORPORATION

37285

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6717 N.W. 11TH PLACE SUITE A GAINESVILLE FL 32605	6717 N.W. 11TH PLACE SUITE A GAINESVILLE FL 32605

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1311791 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CATLIN, JEFFREY R M.D. 6717 N.W. 11TH PLACE SUITE A GAINESVILLE FL 32605	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Jeffrey R. Catlin 6717 NW 11 Place #A Gainesville, FL 32605 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SENT BY: PWJ GAINESVL FL; 352 338 6955; MAY-6-02 PAGE 1/1

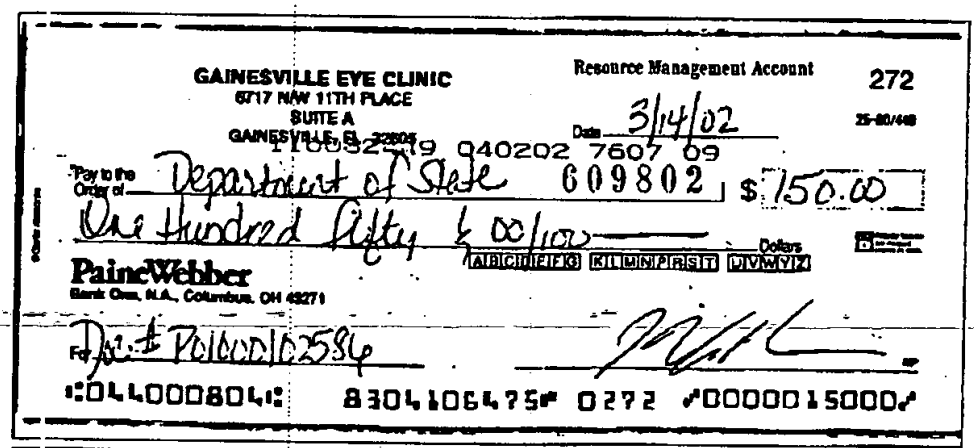
Attachment

37285

PO 10001025586

Check Image for Account: MB 00382

Clearing Date	Check Number	Description	Amount
04/02/2002	272	DEPARTMENT OF STATE	150.00



GAINESVILLE EYE CLINIC
6717 NW 11TH PLACE
SUITE A
GAINESVILLE, FL 32605

Resource Management Account 272

Date 3/14/02

110082449 040202 7607 09

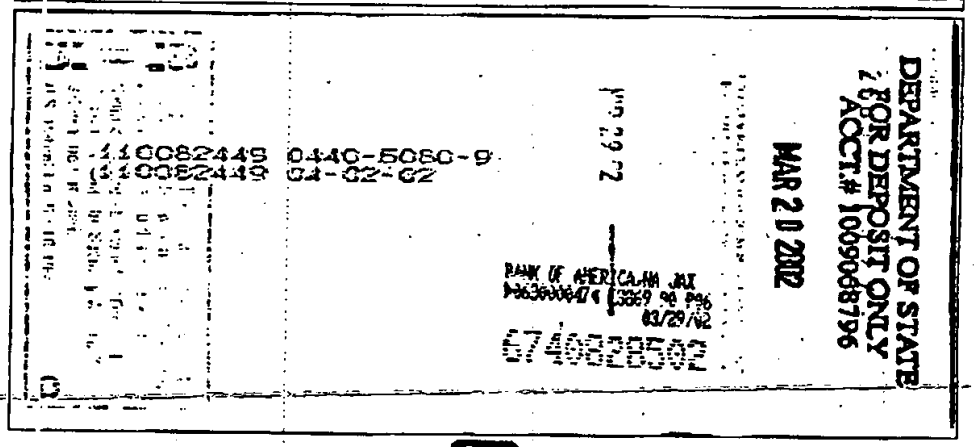
Pay to the Order of Department of State 609802 $ 150.00

One Hundred Fifty & 00/100 Dollars

PaineWebber
Bank One, N.A., Columbus, OH 43271

For Dpt # P01000102586

⑆044000804⑆ 830410647⑈ 0272 ⑈00000150000⑈



⑆110082449⑆ 0440-5080-9
110082449 04-02-02

BANK OF AMERICA-NH JRI
[illegible] 03/29/02

⑆074000502

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 10090087996

MAR 20 2002

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