

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90741 023 ***150.00

DOCUMENT # P02000053719

1. Entity Name
GEV, INC.



Principal Place of Business
**268 AMBERWOOD COURT
ORMOND BEACH, FL 32174**

Mailing Address
**268 AMBERWOOD COURT
ORMOND BEACH, FL 32174**

2. Principal Place of Business

3. Mailing Address

231 Riverside Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Holly Hill, FL

Zip

Country

Zip

Country

32117

USA

4. FEI Number

45-0477471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**REINMAN, JAMES L
1825 RIVERVIEW DRIVE
MELBOURNE, FL 32901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **G. TODD LYNCH**
STREET ADDRESS **268 AMBERWOOD COURT**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **G. Todd Lynch**
STREET ADDRESS **231 Riverside Dr.**
CITY-ST-ZIP **Holly Hill, FL 32117**

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

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12. 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 10 or Block 11 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

4-30-2003

Date

386-6790459

Daytime Phone #

CT LYNCH

CR2E034 (10/02)