

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90138 044 \*\*\*150.00

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**DOCUMENT # P02000090054**

1. Entity Name  
**GAST ENTERPRISES, INC.**



Principal Place of Business  
**4809 SAN RAFAEL  
ST. TAMPA FL 33629**

Mailing Address  
**4809 SAN RAFAEL  
ST. TAMPA FL 33629**



2. Principal Place of Business

3. Mailing Address

**9707 Sibley Circle**  
Suite, Apt. #, etc.

**9707 Sibley Circle**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Orlando FL**

City & State  
**Orlando FL**

4. FEI Number

Applied For  
☒ Not Applicable

Zip Country  
**32836 ORANGE**

Zip Country  
**32836 ORANGE**

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

**GAST, MARC**  
**4809 SAN RAFAEL ST.**  
**TAMPA FL 33629**

Name **Gast, Marc**  
Street Address **9707 Sibley Circle**  
City **Orlando** FL Zip Code **32836**

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

(NOTE: Registered Agent signature required when registering)

DATE **7/20/03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Director/V.P.**  
STREET ADDRESS **Marian Gast**  
CITY-ST-ZIP **9707 Sibley Circle Orlando FL 32836**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/20/03**

Daytime Phone #

CR2E034 (4/03)

Attachment

90147407  
PO2000690034



Please note -

We did not receive the  
1st form, therefore I'm  
sending \$150.00 +  
the new address.

Thank you.

M. Yast

