

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90109 012 ***150.00

DOCUMENT # P38830

1. Entity Name

GAKEER FINANCIAL AGENCY, INC.



Principal Place of Business

**2121 S HILL STREET
2B
NEW SMYRNA BEACH FL 32169
US**

Mailing Address

**2121 S HILL STREET
2B
NEW SMYRNA BEACH FL 32169
US**

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

34-1294523

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

7. Name and Address of New Registered Agent

O'BRIEN, FRANK C.

**15 W. CHURCH ST. #201 2121 S. HILL ST, 2B
ORLANDO FL 32804 NEW SMYRNA BEACH, FL
32169**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCP
O'BRIEN, FRANK C.
104 CAMPHOR TREE LANE
ALTAMONTE SPNG. FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2121 S. HILL ST, 2B
NEW SMYRNA BEACH, FL 32169** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVC
O'BRIEN, GAYLE T.
104 CAMPHOR TREE LANE
ALTAMONTE SPNG. FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2121 S. HILL ST, 2B
NEW SMYRNA BEACH, FL 32169** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRINGTON, KELLI O.
1630 GLADIOLAS DR
WINTER PARK FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2121 S. HILL ST, 2B
NEW SMYRNA BEACH, FL 32169** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DITTO, ERIN O.
1704 CHATFIELD DR
JAMESTOWN NY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2121 S. HILL ST, 2B
NEW SMYRNA BEACH, FL 32169** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
O'BREIN, FRANK C.
104 CAMPHOR TREE LANE
ALTAMONTE SPNG. FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2121 S. HILL ST, 2B
NEW SMYRNA BEACH, FL 32169** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
O'BRIEN, GAYLE T.
104 CAMPHOR TREE LANE
ALTAMONTE SPNG. FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2121 S. HILL ST, 2B
NEW SMYRNA BEACH** ☒ Change ☐ Addition

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:

GAYLE T. O'BRIEN 03/05/03 386 426 5876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)