

APPROVED
AND
FILED**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

02 OCT 15 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

125411

DOCUMENT # P93000040278

1. Entity Name

Gazelle Management, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3990 Magellan Trail

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

4. FEI Number

59-3188603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name McKinley Washington

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

3990 Magellan Trail

City Tallahassee

FL

Zip Code 32301

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]

(NOTE: Registered Agent signature required when transferring)

10-12-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
President	Washington, McKinley	3990 Magellan Trail	Tallahassee, FL 32303

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-02

Date

3628585

Daytime Phone

CR2E034B (12/01)


Attachment
#P93000040278
125411

September 9, 2002

To Whom It May Concern:

We received a request for the uniform business report for 2002 requesting \$550. We had not previously received this report and did not realize that the monies were due. We are asking you to accept this check for \$150 since we have never been delinquent in the past years. Thank you for your consideration in this matter.

Sincerely,


McKinley Washington,
President