

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90014 019 \*\*\*150.00

**DOCUMENT # P96000044208**

1. Entity Name

**GEWECKE ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

110 WALL STREET  
 REDINGTON SHORES FL 33708

110 WALL STREET  
 REDINGTON SHORES FL 33708-1244

AUUU4202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3386906**

Applied For

Not Applied For

Zip

Country

Zip

Country

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

**ASHCRAFT, EDELGARD G EQUIRE**  
**300-31ST STREET NORTH**  
**SUITE 206**  
**ST. PETERSBURG FL 33713**

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, 2000 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	DPT	<input type="checkbox"/> Delete
NAME	GEWECKE, PETER H	
STREET ADDRESS	110 WALL STREET	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	GEWECKE, MONIKA C	
STREET ADDRESS	110 WALL STREET	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
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CITY-ST-ZIP		

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

SIGNATURE: *Peter H. Gewecke* **Peter H. Gewecke** 01/05/2000 727 393-4119  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #