

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054140

1. Entity Name

GYPSY CONSOLIDATED, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90265 003 ***150.00

Principal Place of Business

5417 2ND AVE W
BRADENTON FL 34209

Mailing Address

PO BOX 18552
SARASOTA FL 34276-1552

2. Principal Place of Business

5417 2ND AVE. West
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 18552
Suite, Apt. #, etc.

City & State

BRADENTON FL

Zip Country

34209 MANATEE

City & State

SARASOTA FL

Zip Country

34276 SARASOTA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-9677840

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THIELE, WILLIAM E
5417 2ND AVE W
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name

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

N/A.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	THIELE, WILLIAM E	
STREET ADDRESS	5417 2ND AVE W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOSEPH MASCI		
STREET ADDRESS	4906 OLD CREEK DRIVE		
CITY-ST-ZIP	SARASOTA FL 34233		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William E. Thiele / by [Signature]

28 Apr '00

Date

Daytime Phone #

CR2E034 (9/99)