

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079449

1. Entity Name

GUGEL ENTERPRISES, INC.

FILED

Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90014 005 ***150.00

Principal Place of Business

Mailing Address

149 E. HAMPTON WAY
JUPITER FL 33458

149 E. HAMPTON WAY
JUPITER FL 33458-8143

2. Principal Place of Business

07 COMMERCE WAY, #11A
Suite, Apt. #, etc.
11A

3. Mailing Address

407 COMMERCE WAY, #11A
Suite, Apt. #, etc.
11A

City & State
JUPITER, FL 33458

City & State
JUPITER, FL 33458

4. FEI Number 65-0702498

Applied For
Not Applicable

Zip Country
33458 USA

Zip Country
33458 USA

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

PROBST, DANIEL J
1070 E. INDIANTOWN ROAD
SUITE 310
JUPITER FL 33477

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 ☐ Delete
NAME D
STREET ADDRESS GUGEL, LES
CITY-ST-ZIP 149 E. HAMPTON WAY
JUPITER FL 33458

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GUGEL, JOYCE
CITY-ST-ZIP 149 E. HAMPTON WAY
JUPITER FL 33458

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)