

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90066 025 ***150.00

DOCUMENT # P96000083243

1. Entity Name
GEMLIN, GUMBALLS & GOODIES, INC.

Principal Place of Business

**118 INDIES DRIVE SOUTH
 MARATHON FL 33050**

Mailing Address

**118 INDIES DRIVE SOUTH
 MARATHON FL 33050**

2. Principal Place of Business

5409 Overseas Hwy #152

3. Mailing Address

5409 Overseas Hwy #152

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARATHON, FL

City & State

MARATHON, FL

Zip

33050

Country

MONROE

Zip

33050

Country

MONROE

4. FEI Number

65-0709812

Applied For

Not Applicable

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

**SHELDON EVANS, P.A.
 6175 NW 153RD STREET
 SUITE 215
 MIAMI LAKES FL 33014**

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]* **President G EDWARDS BAYER**

(NOTE: Registered Agent signature required when reinstating)

DATE

02/05/02

**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, 2002 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 **PD** ☐ Delete
NAME **BAYER, G. EDWARD JR**
STREET ADDRESS **118 INDIES DRIVE SOUTH**
CITY-ST-ZIP **MARATHON FL 33050**

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

TITLE **STD** ☐ Delete
NAME **BAYER, SUSAN A**
STREET ADDRESS **118 INDIES DRIVE SOUTH**
CITY-ST-ZIP **MARATHON FL 33050**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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 #

[Signature] **Pres G EDWARDS BAYER** *2/05/02* *305-593-4006*

CR2E034 (9/01)