

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90182 043 ***550.00

DOCUMENT # P96000091690

1. Entity Name
GEBO CORPORATION USA

Principal Place of Business

**6015 31ST ST. E.
 BRADENTON FL 34203**

Mailing Address

**6015 31ST ST. E.
 BRADENTON FL 34203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0709798**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WALTERS, LEVINE, BROWN, KLINGENSMITH
 NORTH TRUST PLAZA, SUITE 900
 1515 RINGLING BLVD
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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** ☐ Delete
 NAME **LESPOUX, THIERRY**
 STREET ADDRESS **1045 AUTOROUTE CHOMEDEY**
 CITY-ST-ZIP **LAVAL QUEBEC CANADA H7W 4V3**

TITLE **P** ☐ Delete
 NAME **AURY, MARC**
 STREET ADDRESS **8323 62ND CT. EAST**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P** ☒ Change ☐ Addition
 NAME **AURY, MARC**
 STREET ADDRESS **617 LOTUS LANE**
 CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE ☐ Change ☒ Addition
 NAME **GENMAR**
 STREET ADDRESS **FITSCH-MOURAS, CHRISTIAN**
 CITY-ST-ZIP **4037 SOUTHERN MANOR CT. SARASOTA, FL 34233**

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

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

TITLE ☐ Change ☐ 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: **CHRISTIAN FITSCH-MOURAS** 8/22/02 941-727-1400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)