**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 25, 2001 8:00 am **DOCUMENT #** P97000027615 **Secretary of State** 1. Entity Name GAGEL GP CORP, INC. 07-25-2001 90013 042 \*\*\*550.00 Principal Place of Business **3002 SOUTH MILLER ROAD** VALRICO FL 33594 VALRICO FL 33594 2. Principal Place of Business 1808 CHICKASAW TRAIL 3. Mailing Address 1808 CHICKASAW TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3527361 FL UALRICO Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRARO, VINCENT CPA Street Address (P.O. Box Number is Not Acceptable) 217 LITHIA PINECREST ROAD **BRANDON FL 33511** City Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Addition GAGEL, EARL R NAME NAME 1808 CHICKASAW TRAIL 3002 SOUTH MILLER ROAD STREET ADDRESS STREET ADDRESS VALEILO, FL. 33594 CITY-ST-ZIP Valrico FL 33594 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME GAGEL, PATRICIA A 1808 CHICKASAW TRAIL STREET ADDRESS STREET ADDRESS 3002 SOUTH MILLER ROAD CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP VALRICO FL ☐ Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA A GAGEL

- 07-10-01

813-655-4681