

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90109 009 \*\*\*150.00

**DOCUMENT # P97000035894**

**1. Entity Name**  
**GERRI'S REALTY AND MANAGEMENT GROUP, INC.**

<b>Principal Place of Business</b> 857 VANCE CIRCLE NE PALM BAY FL 32905	<b>Mailing Address</b> 857 VANCE CIRCLE NE PALM BAY FL 32905
--	--

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-3452142	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

SCHLUESSELL, GERALDINE  
 857 VANCE CIRCLE NE  
 PALM BAY FL 32905

**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.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	---

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SCHLUESSELL, GERALDINE 857 VANCE CIRCLE NE PALM BAY FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GERALDINE FLOYD (MARRIED)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** GERALDINE FLOYD  
Geraldine Floyd  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/25/01 Daytime Phone #: 321-725-9167

CR2E034 (10/00)

# Marriage Certificate

Clark County, Nevada

No. D 292969

This is to Certify that the undersigned did on the 23<sup>rd</sup> day of March, 2001

at, Candlelight Wedding Chapel Las Vegas, Nevada, join in lawful wedlock

Address of Church

City

DAVID W. FLOYD

of

City

PALM BAY, FLORIDA

State

and

GERALDINE R. SCHLUESSELL

of

City

PALM BAY, FLORIDA

State

with their mutual consent, in the presence of

**Pastor Darla Spain**

Type or Print Official's Name & Title

**Trinity Life Center**

Type or Print Church or Association

**1000 E. St. Louis Blvd.**

Type or Print Address of Official

**Las Vegas, NV 89104**

Type or Print City, State, Zip

#19700035894

*Shirley B. Parraguirre*  
Type or Print Name of Witness

*Shirley B. Parraguirre*  
Signature of Official

SHIRLEY B. PARRAGUIRRE, COUNTY CLERK

ORIGINAL: TO BE GIVEN TO THE PARTIES MARRIED

married  
3/23/01  
Geraldine  
Floyd

H. Hachmark

#P9700035894

761492