

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **P97000057516**

1. Entity Name

GEMCO RENTALS, INC.

02 JUL -2 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED!!

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2355 BREMEN COURT

Suite, Apt. #, etc.

3. Mailing Address

2355 BREMEN COURT

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

Zip

33983

Country

U.S.A.

Zip

33983

Country

U.S.A.

4. FEI Number

65-0771489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EUGENE GERMANA

Street Address (P.O. Box Number is Not Acceptable)

2355 BREMEN COURT

City

PUNTA GORDA,

FL

Zip Code

33983

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**Pres. & Chairman of the Board
EUGENE GERMANA
2355 BREMEN COURT
PUNTA GORDA, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
CHRISTOPHER GERMANA
12707 CYNTHIA LANE
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
MICHAEL GERMANA
321 E 69th St. APT 2f
NEW YORK, N.Y. 10021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
DENISE GERMANA
2355 BREMEN COURT
PUNTA GORDA, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
DAVID GERMANA
2420 LOTAFUN AVE.
WINTER PARK, FL 32789**

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 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 #

6/19/2002

CR2E034B (12/01)