

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90037 016 \*\*\*158.75

**DOCUMENT # P97000070787**

**1. Entity Name**  
**GEMBECKI ENTERPRISES, INC.**

**Principal Place of Business**  
**1311 SEMINOLE BLVD.**  
**CASSELBERRY FL 32707**

**Mailing Address**  
**P.O. BOX 180215**  
**CASSELBERRY FL 32718**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3463567**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

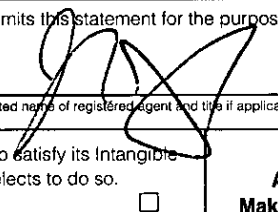
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GEMBECKI, MARK**  
**1311 SEMINOLE BLVD.**  
**CASSELBERRY FL 32707**

Name **ICARDI, JEFFREY A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~237 LOOKOUT PLACE SUITE 100~~  
**549 Wymore Road, North, Suite 109**  
 City **MAITLAND** **FL** Zip Code **32751**

**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  **JEFFREY A. ICARDI** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **VP** ☐ Delete  
 NAME **GEMBECKI, MARK**  
 STREET ADDRESS **1614 AUGUSTA WAY**  
 CITY-ST-ZIP **CASSELBERRY FL 32707**

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

TITLE **P** ☐ Delete  
 NAME **GEMBECKI, BARBARA**  
 STREET ADDRESS **1614 AUGUSTA WAY**  
 CITY-ST-ZIP **CASSELBERRY FL 32707**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

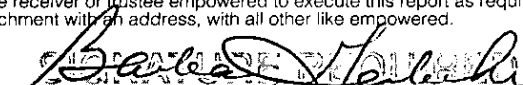
TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 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:**

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/02**  
 Date

**407-695-6646**  
 Daytime Phone #

CR2E034 (9/01)

Attachment

Doc# P91000070787

**Icardi & Icardi, P.A.**

549 Wymore Rd., North, Ste. 109

Maitland, FL 32751

(407) 647-1859

Fax: (407) 647-3224

www.icardi.com

813335

# *Transmittal Memorandum*

*Date:* January 21, 2002

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**TO:**

**Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, FL 32302-1500**

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**REGARDING: GEMBECKI ENTERPRISES, INC.**

**SUBJECT:**

**Enclosed are the 2002 Uniform Business Report and a check in the sum of \$158.75  
for the filing fee and a Certificate of Status.**