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	Mailing Address
1311 SEMINOLE BLVD. CASSELBERRY FL 32707	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	
Zip	Country	Zip	Country

4. FEI Number 59-3463567 ☐ Applied For ☐ Not Applicable

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 [signature] JEFFREY A. ICARDI
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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	VP GEMBECKI, MARK 1614 AUGUSTA WAY CASSELBERRY FL 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEMBECKI, BARBARA 1614 AUGUSTA WAY CASSELBERRY FL 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 1/14/02 407-695-6646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)

Attachment
DOC# P97000070787

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**

TO:

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

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.