

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108948

1. Entity Name

GAP ENTERPRISES, INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90014 019 ***150.00

Principal Place of Business
6 CONOURSE DRIVE
TEQUESTA FL 34990

Mailing Address
6 CONOURSE DRIVE
TEQUESTA FL 34990

603879



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	65-0822540	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MANTWILL, PAULINE 6 CONOURSE DRIVE TEQUESTA FL 34990		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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	MANTWILL, DAVID	NAME	
STREET ADDRESS	6 CONOURSE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 34990	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	MANTWILL, PAULINE	NAME	
STREET ADDRESS	6 CONOURSE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 34990	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pauline Mantwill Date: 1/31/00 Daytime Phone #: 561-746-0120

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CR2E034 (10/00)