

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000000032****1. Entity Name**  
**GENE AUBRY CORPORATION****Principal Place of Business**  
**PO BOX 2096**  
**ANNA MARIA FL 34216****Mailing Address**  
**PO BOX 2096**  
**ANNA MARIA FL 34216****2. Principal Place of Business****9215 13<sup>TH</sup> AVE. CIR. N.W.**  
Suite, Apt. #, etc.**3. Mailing Address****9215 13<sup>TH</sup> AVE. CIR. N.W.**  
Suite, Apt. #, etc.**City & State**  
**Bradenton, Florida****City & State**  
**Bradenton Florida****Zip**  
**34209****Zip**  
**34209****4. FEI Number** **65-0803006****Applied For**  
☐ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****AUBRY, GENE**  
**8023 MARINA ISLE**  
**HOLMES BEACH FL 34217****7. Name and Address of New Registered Agent****Name** **AUBRY, GENE**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**9215 13<sup>TH</sup> AVE. CIR. N.W.**  
**City** **BRADENTON** **FL** **Zip Code** **34209****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]*  
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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.****11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>D</b>			
	<b>AUBRY, GENE</b>	<b>8023 MARINA ISLE</b>	<b>HOLMES BEACH FL 34217</b>	
	<b>AUBRY, GENE</b>	<b>9215 13<sup>TH</sup> AVE. CIR. N.W.</b>	<b>BRADENTON FL. 34209</b>	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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 another like empowered.****SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3 January 2001** **941 7925 360**  
Date Daytime Phone #**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90045 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)