2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074723

1. Entity Name
GACHRIC BRACING INC.

Principal Place of Business	Mailing Address
200 5TH BIRCH ROAD APT #511 FORT LAUDERDALE, FL 33316	200 5TH BIRCH ROAD APT #511 FORT LAUDERDALE, FL 33316

2. Principal Place of Business	3. Mailing Address
7180 Sw 9th street	7180 Sw 9th street
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Pembroke Pines FL	City & State Pembroke Pinos FL
Zip 33023 Country USA	Zip 33023 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0863811 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, BRIAN H ESQ.
ACKERMAN SENTERFITT
SUN TRUST INT'L CTR, 1 SE 3RD AVE, 28TH FL
MIAMI, FL 33131-1214

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	GACH, RICHARD E JR.		NAME	Gach, Richard E JR	
STREET ADDRESS	200 5TH BIRCH ROAD, APT #511		STREET ADDRESS	7180 Sw 9th street	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP	Pembroke Pines FL 33023	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 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   Date   Daytime Phone #