

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90025 001 \*\*\*150.00

**DOCUMENT # P99000013293**

**1. Entity Name**  
**GEHRING INVESTMENTS, INC.**

**Principal Place of Business**  
**1645 PALM BEACH LAKES BLVD.**  
**SUITE 480**  
**WEST PALM BEACH FL 33401**

**Mailing Address**  
**1645 PALM BEACH LAKES BLVD.**  
**SUITE 480**  
**WEST PALM BEACH FL 33401**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business** **11505 Fauchild Gardens Ave**

**3. Mailing Address** **11505 Fauchild Gardens Ave**

**Suite, Apt. #, etc.**  
**Suite 202**

**Suite, Apt. #, etc.**  
**Suite 202**

**City & State**  
**Palm Beach Gardens FL**

**City & State**  
**Palm Beach Gardens FL**

**4. FEI Number** **65-0901027**

**Applied For**  
**Not Applicable**

**Zip** **FL 33410**

**Country** **USA**

**Zip** **33410**

**Country** **USA**

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

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

**GEHRING, KURT**  
**1645 PALM BEACH LAKES BLVD.**  
**SUITE 300**  
**WEST PALM BEACH FL 33401**

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

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**11505 Fauchild Gardens Avenue**  
**Suite 202**  
**City** **Palm Beach Gardens** **FL** **Zip Code** **33410**

**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**

*Kurt Gehring*

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**

**TITLE** **D** ☐ Delete  
**NAME** **GEHRING, KURT**  
**STREET ADDRESS** **1645 PALM BEACH LAKES BLVD.**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33401**

**TITLE** **VM** ☐ Delete  
**NAME** **CADENHEAD, JEANETTA**  
**STREET ADDRESS** **1645 PALM BEACH LAKES BLVD #480**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33401**

**TITLE** **TS** ☐ Delete  
**NAME** **GEHRING, LINDA**  
**STREET ADDRESS** **1645 PALM BEACH LAKES BLVD #480**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33401**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **11505 Fauchild Gardens Ave. Ste 202**  
**CITY-ST-ZIP** **Palm Beach Gardens FL 33410**

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **11505 Fauchild Gardens Ave. Ste. 202**  
**CITY-ST-ZIP** **Palm Beach Gardens FL 33410**

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **11505 Fauchild Gardens Ave. Ste. 202**  
**CITY-ST-ZIP** **Palm Beach Gardens FL 33410**

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

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

☐ Change ☐ Addition  
**TITLE**  
**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:**

*Kurt Gehring*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2F024 (03/01)