

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S97638

1. Entity Name
GECKO CUSTOM LAB AND PHOTOGRAPHY, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90008 036 ***150.00

Principal Place of Business 3940 METRO PARKWAY UNIT 112 FT MYERS FL 33916 US	Mailing Address 3940 METRO PARKWAY UNIT 112 FT MYERS FL 33916-9407 US
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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 65-0298034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEGMANN, ROB
1621-05 RED CEDAR DRIVE
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name: **SAME**

Street Address (P.O. Box Number is Not Acceptable): **1736 S KENTUCKY ROAD**

City: **FORT MYERS FL 33912**

Zip Code: **FL**

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

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, 2000 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 P	<input type="checkbox"/> Delete
NAME STEGMANN, ROB	
STREET ADDRESS 3940 METRO PKWY #112	
CITY-ST-ZIP FT. MYERS FL	
TITLE VP	<input type="checkbox"/> Delete
NAME STEGMANN, MARY	
STREET ADDRESS 1908 SECLUSION DRIVE	
CITY-ST-ZIP DAYTONA BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 19.07(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]* Date: April 10, 2000 Daytime Phone #: 941-275-5259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)