2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90351 048 ***150.00

DOCUMENT # V68833

1. Entity Name
THE GEHRING GROUP, INC.

Principal Place of Business	Mailing Address
1645 PALM BEACH LAKES BLVD SUITE 480 WEST PALM BEACH FL 33401 US	1645 PALM BEACH LAKES BLVD SUITE 480 WEST PALM BEACH FL 33401 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11505 Fairchild Gardens Ave	11505 Fairchild Gardens Ave.
Suite, Apt. #, etc.: 202	Suite, Apt. #, etc.: 202
City & State: Palm Beach Gardens FL	City & State: Palm Beach Gardens FL
Zip: 33410 Country: USA	Zip: 33410 Country: USA

4. FEI Number 65-0361295 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GEHRING, KURT 1645 PALM BEACH LAKES BLVD SUITE 480 WEST PALM BEACH FL 33401	Name: Street Address (P.O. Box Number is Not Acceptable): 11505 Fairchild 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GEHRING, KURT 1645 PALM BEACH LAKES BLVD 300 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11505 Fairchild Gardens Ave. Ste. 202 Palm Beach Gardens FL 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VM CADENHEAD, JEANETTA 1645 PALM BEACH LAKES BLVD #480 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11505 Fairchild Gardens Ave. Ste. 202 Palm Beach Gardens FL 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS GEHRING, LINDA 1645 PALM BEACH LAKES BLVD #480 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11505 Fairchild Gardens Ave. Ste. 202 Palm Beach Gardens FL 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #