

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90083 030 \*\*\*150.00

**DOCUMENT # 189966**

1. Entity Name  
**S. GARTNER & CO., INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>1249 W. DUVAL ST.<br/> <del>P.O. BOX 2204</del><br/>         JACKSONVILLE FL 32204<br/>         US</b> | Mailing Address<br><del>1249 W. DUVAL ST.</del><br><b>P.O. BOX 2204<br/>         JACKSONVILLE FL <del>32204</del> 32203-2204<br/>         US</b> |
|--|--|



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      |
|                                |         | <b>32203</b>        | <b>DUVAL</b> |

|                                  |                          |                                       |
|----------------------------------|--------------------------|---------------------------------------|
| 4. FEI Number                    | <b>59-0780277</b>        | Applied For                           |
|                                  |                          | Not Applicable                        |
| 5. Certificate of Status Desired | <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent

**GARTNER, CLARA  
 1249 W DUVAL  
 JACKSONVILLE FL 32204**

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.

SIGNATURE \_\_\_\_\_ (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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>GARTNER, BRIAN L<br/>1249 W DUVAL<br/>JACKSONVILLE FL</b> <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>GARTNER, HARVEY J<br/>1249 WEST DUVAL<br/>JACKSONVILLE FL</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST.D<br/>GINSBERG, LINDA G (ASST)<br/>1249 WEST DUVAL<br/>JACKSONVILLE FL</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CSTD<br/>GARTNER, CLARA M<br/>1249 WEST DUVAL<br/>JACKSONVILLE FL 32204</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>WATZMAN, KAREN G (ASST)<br/>1249 WEST DUVAL<br/>JACKSONVILLE FL</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <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 all other like empowered.

SIGNATURE: Clara M. Gartner **CLARA M. GARTNER** 01/04/01 (904) 356-5543  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)