2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

555415 DOCUMENT

1. Entity Name

GARDNER & CO., INC.



FILED Apr 08, 2003 8:00 am Secretary of State 04-08-2003 90089 011 ***150.00

						COD WE	Tr.S						
Principal Place 6271 DUPONT JACKSONVILL US	STATION CO	S Durt e	6271	g'Address DUPONT STATION C SONVILLE FL 32217				**s : *					
2. Principal F	lace of Busin	ness	3. Mai	3. Mailing Address					1 18070) 01161 01301 01111 01801 111	0) 3) 6) 8 0	ii) bisi(1 18) ((3)(1 (4)) (93)	
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Number 59-1787824			— — —	Applied For Not Applicable	
Zip	Country			Zip Coun			5. Certificate of Status			_ \$9.75 Additional			
6. Name and Address of Current			nt Bogistor	Begistered Agent			7. Name and Address of New Registered Agent						
	U. Haine	and Address of Curre	iii negisteri	a Agein		Name		7. 1	Name and Address of New H	egisiereu A	tyent		
	R, WILLIAM						Street Address (P.O. Box Number is Not Acceptable)						
	PONT STRATIVILLE FL 3:	Tion Court E 2217							·				
						City				FL	Zip Cod	е	
	named entity ions of regist		for the purp	ose of changing its	registere	ed office or r	registere	ed age	ent, or both, in the State of Flo	rida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature typed	or printed name of registered age	ont and title it and	licable (N∩TE	- Registere	d Agent signatur	e required	when re	sinetating \$	DATE			
	Olgricitoro, typeo	or printed name or registered agr	and the map	, (101c			- requires		Justice 187	- DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o				State					9. Election Campaign Fin Trust Fund Contribution			0 May Be I to Fees	
	· · ayable to	<u> </u>											
10.	· ·	OFFICERS AN	ID DIRECTO	RS	11.			AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	3 IN 11	
Īute	PD			☐ Delete	TITLE	.					Change	☐ Addition	
NAME	GARDNER, WM E J					NAME							
STREET ADDRESS 7952 VINEYARD LAKE RD NORTH			RTH	STRE		ET ADDRESS							
CZZY-ST-ZIP	JACKSON'	VILLE FL 32217			CITY	-ST-ZIP						ĺ	
TITLE	S			☐ Delete	TITLE	: [☐ Change	☐ Addition	
NAME		, maryrae			NAMI	E					_ •		
STREET ADDRESS		YARD LAKE RD NOF	RTH		STRE	ET ADDRESS							
CITY-ST-ZIP		VILLE FL 32217			CITY-	-ST-ZIP							
TIŤLE		.7. * = *		Delete Delete	TITLE						Change	Addition	
NAME				. CT Delete	NAM						□ Onlinge		
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP						-ST-ZIP							
TITLE				□ p-1-t-	TITLE						Change	Addition	
NAME				☐ Delete	NAME	1					Change	☐ Addition	
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP	:					-ST-ZIP							
					-	-							
TITLE				☐ Delete	TITLE						Change	☐ Addition	
NAME	1				NAM	1							
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP					CHY-	-ST-ZIP							
TITLE				Delete	TITLE						Change	☐ Addition	
NAME					NAME								
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP						·ST-ZIP							
12. hereby c	ertify that the	e information supplied w	ith this filing	does not qualify for	the exer	mption state	d in Sec	ction 1	119.07(3)(i), Florida Statutes. I	further cert	ify that the ir	formation	

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: