


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90150 024 ***150.00

DOCUMENT # P98000066088

1. Entity Name
THE GARBEN COMPANY



Principal Place of Business
**230 SOUTH INDUSTRIAL DRIVE
ORANGE CITY FL 32763**

Mailing Address
**230 SOUTH INDUSTRIAL DRIVE
ORANGE CITY FL 32763**

2. Principal Place of Business
Suite, Apt. #, etc. **0**
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BENDECK, GARY C
**230 SOUTH INDUSTRIAL DRIVE
ORANGE CITY FL 32763**

7. Name and Address of New Registered Agent

Name
BENDECK, GARY C.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BENDECK, GARY C	
STREET ADDRESS	230 SOUTH INDUSTRIAL DRIVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENDECK, CAROLINE P	
STREET ADDRESS	230 SOUTH INDUSTRIAL DRIVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GARY C BENDECK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 **386-774-6837**
Date Daytime Phone #

CR2E034 (10/02)