

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 502905  
1. Entity Name  
GARDNER'S GARAGE, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JUL 25 AM 10:36

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2913 Springhill Rd  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State  
TALLA. FLA  
Zip Country

City & State  
32305  
Zip Country

4. FFL Number  
59-1674326  
Applied For  
Not Applicable

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

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IN THIS SPACE

## 7. Name and Address of Current Registered Agent

Name  
Joseph W Gardner III  
Street Address (P.O. Box Number is Not Acceptable)  
7 E.J. STRINGER Rd  
City  
Crawfordville FL Zip Code  
32327

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD Joseph W GARDNER III  
7 E.J. Stringer Rd  
Crawfordville FLA 32305

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD Misty Gardner  
7 E.J. Stringer Rd  
Crawfordville FLA 32327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S. Terry L Mawdin  
35 NANCY Allen St.  
Crawfordville FLA 32327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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\*\*\*\*\*61.25 \*\*\*\*\*61.25

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Misty M Gardner 7/25/02 574-2660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)