

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90128 005 ***150.00

056358 AN

DOCUMENT # 523530

1. Entity Name
GAYROB, INC.

Principal Place of Business
**1714-1 CITRUS BLVD.
LEESBURG FL 34748**

Mailing Address
**1126 NORTH BLVD. EAST
LEESBURG FL 34748**

00007401



2. Principal Place of Business
310B West Main St

3. Mailing Address
310B West Main St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Leesburg, FL

City & State
Leesburg, FL

4. FEI Number
59-1712004

Applied For
Not Applicable

Zip
34748

Country
US

Zip
34748

Country
US

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

**CHANDLER, ROBERT L. 111
1714-1 CITRUS BLVD.
LEESBURG FL 34748**

Name

Street Address (P.O. Box Number is Not Acceptable)

310B West Main St

City

Leesburg

FL

Zip Code

34748

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

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 **D** ☐ Delete
NAME **CHANDLER, ROBERT III**
STREET ADDRESS **1714-1 CITRUS BLVD.**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☒ Change ☐ Addition
NAME **Chandler, Robert III**
STREET ADDRESS **310B West Main St**
CITY-ST-ZIP **Leesburg, FL 34748**

TITLE **S** ☐ Delete
NAME **CHANDLER, GAYLE G**
STREET ADDRESS **1714-1 CITRUS BLVD.**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **S** ☒ Change ☐ Addition
NAME **Chandler, Gayle G**
STREET ADDRESS **310 B West Main St**
CITY-ST-ZIP **Leesburg, FL 34748**

TITLE **D** ☐ Delete
NAME **CHANDLER, GAYLE G**
STREET ADDRESS **1714-1 CITRUS BLVD.**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☒ Change ☐ Addition
NAME **Chandler, Gayle G**
STREET ADDRESS **310B West Main St**
CITY-ST-ZIP **Leesburg, FL 34748**

TITLE **P** ☐ Delete
NAME **CHANDLER, ROBERT III**
STREET ADDRESS **1714-1 CITRUS BLVD.**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **P** ☒ Change ☐ Addition
NAME **Chandler, Robert III**
STREET ADDRESS **310B West Main St**
CITY-ST-ZIP **Leesburg, FL 34748**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)