

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90276 027 ***150.00

DOCUMENT # 630223

1. Entity Name
GARD & ASSOCIATES, INC.



Principal Place of Business
**7649 TALLOW TREE DRIVE
ZEPHYRHILLS FL 33544**

Mailing Address
**7649 TALLOW TREE DRIVE
ZEPHYRHILLS FL 33544**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1930897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARD, GARY W
7649 TALLOW TREE DRIVE
ZEPHYRHILLS FL 33544**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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	PD	<input type="checkbox"/> Delete
NAME	GARD, GARY W	
STREET ADDRESS	7649 TALLOW TREE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33544	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 4, 2003

813-973-1210

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
GARD & ASSOCIATES

90149689
#630223

FACSIMILE

Date: August 4, 2003

To: Dept. of State - FL

Company:

Phone:

Fax:

Division of Corporations
Uniform Business Report Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

From: Gary W. Gard

Phone: (813) 973-1210

Fax: (813) 973-1317

E-Mail:

Reference: Uniform Business Report for Gard & Associates, Inc. for 2003

Message:

1. Please find attached my check #7676 for \$150.00, which is the appropriate filing fee. I did not receive the forms for this Company until about 1 to 1 1/2 weeks ago, indicating it must be filed by Sept 10, 2003.
2. If there are any questions, please contact me.

— Thank you!

Gary W. Gard

Best Regards,
Gary Gard