

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State
 02-19-2001 90037 001 ***150.00

0463234

DOCUMENT # F04466
 1. Entity Name
PAUL A. GAMBA, P.A.

Principal Place of Business: **925 MARTIN DOWNS BLVD P.O. BOX 560 PALM CITY FL 34990**
 Mailing Address: **P.O. BOX 560 PALM CITY FL 34991**

2. Principal Place of Business: **16 Tanglewood Court**
 Suite, Apt. #, etc.:
 City & State: **Palm Coast, FL**
 Zip: **32137**
 Country:

3. Mailing Address: **16 Tanglewood Court**
 Suite, Apt. #, etc.: **31 Old Kings Rd #1**
 City & State: **Palm Coast, FL**
 Zip: **32137**
 Country:



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-2029328** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
GAMBA, PAUL A
925 S.W. MARTIN DOWNS BLVD.
PALM CITY FL 33490-7560

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): ~~16 Tanglewood Court~~
31 Old Kings Rd #1
 City: **Palm Coast** FL Zip Code: **32137**

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: _____

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, 2001 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GAMBA, PAUL A	
STREET ADDRESS	3532 SE CT DR	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16 Tanglewood Court	
STREET ADDRESS	Palm Coast FL 32137	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	31 Old Kings Rd #1	
STREET ADDRESS	Palm Coast, FL	
CITY-ST-ZIP	32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: X 2-15-01 904-447-0002
 Daytime Phone #

CR2E034 (10/00)