## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

1326 S. RIDGEWOOD AVE. SUITE #22

H51017

1. Entity Name

Principal Place of Business

C. S. GARDNER AND ASSOCIATES, INCORPORATE



FILED Jan 14, 2003 8:00 am **Secretary of State** 

01-14-2003 90069 030 \*\*\*150.00

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D AVE.	SUITE	#22

1326 S. RIDGEWOO DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 IIS 2. Principal Place of Business 3. Mailing Address 700 East Moody Blvd 0. Box 757 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 4 City & State City & State Bunnell, Bunnell, Zip Zip Country

Mailing Address

3<u>2110-075</u>7

CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 59-2515051 Not Applicable

5. Certificate of Status Desired 7. Name and Address of New Registered Agent

\$8.75 Additional Fee Required

GARDNER, CHARLES S. 401 E MAGNOLIA VE BUNNELL FL 32110-1668 Gardner, Charles S.
Street Address (P.O. Box Number is Not Acceptable)

E Magnolia St

City Bunnel1

Zip Code 32110-1668

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 age

**SIGNATURE** 

32110

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

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

1.10.03

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 **PDS** ☐ Defete TITLE **PDST** Addition NAME GARDNER, CHARLES S. NAME Gardner, Charles S. STREET ADDRESS 401 E MAGNOLIA AVE STREET ADDRESS 401 E Magnolia St CITY-ST-ZIP BUNNELL FL 32110 CITY-ST-7IP Bunnell, FL 🛚 Delete TITLE ☐ Change NAME ☐ Addition GARDNER, CARMEN L. NAME STREET ADDRESS 679 WELLINGTON STATION BLVD UNIT 29 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE - Delete TITLE ☐ 'Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

386-437-9940