## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # H52245 1. Entity Name

## 1. Entity Name GARDEN AVENUE SEVEN, INC. Principal Place of Business 215 HAMILTON AVENUE SAFETY HARBOR FL 34695 US 2. Principal Place of Business Suite, Apt. #, etc. Mailing Address 215 HAMILTON AVENUE SAFETY HARBOR FL 34695 US 3. Mailing Address Suite, Apt. #, etc.

## FILED Apr 06, 2001 8:00 am Secretary of State

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. 2. Principal Place of Business		3. Mailing Address						
					† 1001011 0101 01110 14010 f1611 01001 01		814 B1841 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE		
City & State .		City & State		4.	FEI Number <b>59-2646645</b>	<b>├</b>	pplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 Ac Fee Require		
• • • • • • • • • • • • • • • • • • • •	6. Name and Address of Current I	Registered Agent	* .		Name and Address of New Reg	istered Agent		
				Name				
SUDDUTH, PAULETTE B			Street	Street Address (P.O. Box Number is Not Acceptable)				
215 HAMILTON AVENUE								
SAF	ETY HARBOR FL 34695							
			City	City FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its	registered office	or registered ac	gent, or both, in the State of Florio	a.		
	•	, ,	Ü	•	, ,			
SIGNATURE .								
0.0.0.0.0.0.	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTI	E: Registered Agent sign	ature required when r	einstating)	DATE	i	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! I			!!! FEE IS \$15	0.00	10 11 0 1 5			
Tax filling requirement and elects to do so.  After MAY 1, 200					<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>		<b>)0</b> May Be d to Fees	
(See criter	ria on back)	Make Check Payat	ble to Departme	nt of State	mager and contribution.		101603	
11.	OFFICERS AND D	DIRECTORS	12.	AC	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE	PT	☐ Delete	TITLE			Change	☐ Addition	
NAME	SUDDUTH, PAULETTE BROWN		NAME					
STREET ADDRESS	215 HAMILTON AVENUE		STREET ADDRESS	•				
CITY-ST-ZIP	SAFETY HARBOR FL	_ <del>,,</del>	CITY-ST-ZIP					
TITLE	S CARLETON A	☐ Delete	TITLE			☐ Change	Addition	
NAME	WEIDEMEYER, CARLETON L.		NAME	.				
STREET ADDRESS CITY-ST-ZIP	501 S. FT. HARRISON		STREET ADDRESS CITY-ST-ZIP	·				
	CLEARWATER FL					Channe	□ Addition	
TITLE	The second secon	- □ Delete	TITLE NAME	·	•	_ Change	☐ Addition	
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-ZIP					
TITLE		Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS				1	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME CTREET ADDRESS			NAME CERTAIN ADDRESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		·			
<u>'</u>	portify that the information a realized with A	hin filing doop not availe to		ated in C+'-	440.07/0V() Flacida 04-44-17	Alaman and the state of the sta	-4	
indicated	ertify that the information supplied with t	ms ming does not qualify for	the exemption st	ated in Section	119.07(3)(I), Florida Statutes. I fui	ther certify that the i	ntormation	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 expowered.

SIGNATURE: Paulette B. Sudduth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/4/01

(727)796-8619

Date

Daytime Phone #