

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90191 011 ***150.00

DOCUMENT # J53395

1. Entity Name

C. H. GITTNER CONSTRUCTION, INC.

Principal Place of Business

**411 DUNLAWTON AVENUE
PT ORANGE FL 32119**

Mailing Address

**411 DUNLAWTON AVENUE
PT ORANGE FL 32119**

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2. Principal Place of Business

411 Dunlawton Ave.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Orange, FL

City & State

Port Orange, FL

4. FEI Number

59-2765960

Applied For

Not Applicable

Zip

32119

Country

USA

Zip

32119

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GITTNER, CHARLES JR.
411 DUNLAWTON AVE.
PT. ORANGE FL 32119**

7. Name and Address of New Registered Agent

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **GITTNER, CHARLES JR.**
STREET ADDRESS **411 DUNLAWTON AVE.**
CITY-ST-ZIP **PORT ORANGE FL**

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

TITLE **STD** ☐ Delete
NAME **GITTNER, CRAIG H.**
STREET ADDRESS **10 MARSH LANDING CT.**
CITY-ST-ZIP **PONCE INLET FL**

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

TITLE **D** ☐ Delete
NAME **GITTNER, CHERYL L.**
STREET ADDRESS **10 MARSH LANDING CT.**
CITY-ST-ZIP **PONCE INLET FL**

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

TITLE ☐ Delete
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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 #

1-18-01 904-761-89667

CR2E034 (10/00)