## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2001 8:00 am Secretary of State **DOCUMENT # J96450** 1. Entity Name GREG GEBBEN CUSTOM BUILDER. INC. 05-14-2001 90264 004 \*\*\*150.00 Principal Place of Business Mailing Address 8419 RIVER BRANCH PL 8419 RIVER BRANCH RD Dunnarara SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2849214 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEBBEN, GREG Street Address (P.O. Box Number is Not Acceptable) 327 T IGERS LANE LAKE MARY FL 32746 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Delete Change Addition TITLE NAME GEBBEN, GREG STREET ADDRESS STREET ADDRESS 8419 RIVER BRANCH PLACE CITY-ST-ZIP CITY-ST-ZIP SANFORD FL Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addrass, with all other like empowered.

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SIGNATURE:

SURVEY GREG GEBBEN

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2001 407-(322-5443