

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90161 033 ***150.00

DOCUMENT # L83072

1. Entity Name
GUMBY'S OF TEMPE, INC.



Principal Place of Business
**5217 SW 91ST DR
GAINESVILLE FL 32608**

Mailing Address
**5217 SW 91ST DR
GAINESVILLE FL 32608**

US

US

2. Principal Place of Business

7731 W. Newberry Rd.

3. Mailing Address

7731 W. Newberry Rd.

Suite, Apt. #, etc.

Suite A-3

Suite, Apt. #, etc.

Suite A-3

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32606

Country
US

Zip
32606

Country
US

4. FEI Number
59-3018456

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAYTER, JOHN F
704 NE FIRST ST
GAINESVILLE FL 32601**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/2003

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HIPPLER, CHANCE
2903 S.W. 38TH PLACE
GAINESVILLE FL**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
O'BRIEN, JEFF
2903 S.W. 38TH PLACE
GAINESVILLE FL**

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2003 (352) 332-4141

Date

Daytime Phone #

CR2E034 (10/02)