

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90011 033 ***150.00

DOCUMENT # M80106

1. Entity Name
GUNTHER CONSTRUCTION CO., INC.

Principal Place of Business

P. O. BOX 421236
KISSIMMEE FL 34742-8236

Mailing Address

P. O. BOX 421236
KISSIMMEE FL 34742-8236

004000

2. Principal Place of Business

PO Box 701195

3. Mailing Address

PO Box 701195

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St Cloud, FL

City & State
St Cloud, FL

4. FEI Number **59-2882036**

Applied For
Not Applicable

Zip
34770

Country

Zip
34770

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUNTHER, KIMBERLY E.
1609 LISA LANE
KISSIMMEE FL 34744

Name

Street Address (P.O. Box Number is Not Accepted)

St Cloud

FL

Zip Code

34772

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

Kimberly E. Gunther

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	PST	☐ Delete
NAME	GUNTHER, KIMBERLY E.	
STREET ADDRESS	1609 LISA LANE	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	D	☐ Delete
NAME	GUNTHER, KIMBERLY E.	
STREET ADDRESS	1609 LISA LANE	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	VO	☐ Delete
NAME	GUNTHER, THEODORE D. JR	
STREET ADDRESS	1609 LISA LANE	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
NAME	3335 West Shore	
STREET ADDRESS	St Cloud, FL	
CITY - ST - ZIP	34772	
TITLE		☐ Change ☐ Addition
NAME	3335 West Shore	
STREET ADDRESS	St Cloud FL	
CITY - ST - ZIP	34772	
TITLE		☐ Change ☐ Addition
NAME	3335 West Shore	
STREET ADDRESS	St Cloud, FL	
CITY - ST - ZIP	34772	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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:

Kimberly E. Gunther President

5/1/01 407 943 3202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)