

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90062 013 ***150.00

UNIFORM
AN

DOCUMENT # P0000064059



1. Entity Name
GABRIEL AND LINDA INC.

Principal Place of Business
**611 POINSETTA AVE APT #204
CLEARWATER FL 33767**

Mailing Address
**611 POINSETTA AVE APT #204
CLEARWATER FL 33767**

2. Principal Place of Business
PO BOX 3202

3. Mailing Address
PO BOX 3202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number **59-3654431**

Applied For
Not Applicable

Zip **33767** Country

Zip **33767** Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRIZAN, GABRIEL
611 POINSETTA AVE
APT 204
CLEARWATER FL 33767**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Delete
NAME **P KRIZAN, GABRIEL**
STREET ADDRESS **611 POINSETTA AVE APT #204**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **PETRA REPPEROVA**
STREET ADDRESS **601 ROSERY RD. APT. 3904**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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STREET ADDRESS
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABRIEL KRIZAN
PRESIDENT 2/8/03

Date

Daytime Phone #

CR2E034 (10/02)