


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P00000084002</u>	
1. Entity Name <u>GARDNER FOUNDRY & DESIGN, INC</u>	

FILED
03 APR 15 PM 2: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>11500 NW 24TH STREET</u>	3. Mailing Address <u>11500 NW 24TH STREET</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>PLANTATION, FLORIDA</u>	City & State <u>PLANTATION, FLORIDA</u>
Zip <u>33323</u>	Country <u>USA</u>

4. FEI Number <u>65-1038449</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <u>Spiegel & Utrera, P.A.</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>1840 Coral Way, 4th Floor</u>	
City <u>MIAMI</u>	Zip <u>33145</u>

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 <u>[Signature]</u>	DATE <u>[Date]</u>
January 1 - May 1 (Fee is \$150.00) After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<u>PTD</u> <u>GARDNER, DAVID</u> <u>11500 NW 24TH STREET</u> <u>PLANTATION, FL. 33323</u>	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<u>700017339177</u> <u>04/30/03--01003--021 **158.75</u>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<u>S</u> <u>GARDNER, KANYA</u> <u>11500 NW 24TH STREET</u> <u>PLANTATION, FL. 33323</u>	TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: <u>[Signature]</u>	DATE: <u>4/10/2003</u>	954-452-9480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Contact Person

CR2E034B (12/02)