

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

DOCUMENT # P00000084002

1. Entity Name  
GARDNER FOUNDRY & DESIGN, LLC



FILED

03 APR 15 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
11500 NW 24TH STREET

3. Mailing Address  
11500 NW 24TH STREET

Sub. Aot. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PLANTATION, FLORIDA

City & State  
PLANTATION, FLORIDA

4. FEI Number 65-1038449 Applied For  Not Applicable

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

City & State  
PLANTATION, FLORIDA

City & State  
PLANTATION, FLORIDA

Zip 33323 Country USA Zip 33323 Country USA

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.

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

1840 Coral Way, 4th Floor

City MIAMI FL Zip 33145

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature need not be filed, but it is required on all UBR applications. (NOTE: Registered Agent signature required when changing)

January 1 - May 1 (Fee is \$150.00)  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PTD GARDNER, DAVID 11500 NW 24TH STREET PLANTATION, FL. 33323</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>700017339177 04/30/03--01003--021 **158.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S GARDNER KAYLA 11500 N.W. 24TH STREET 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: David J Gardner Date: 4/10/2003 954-452-9480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)