May 05, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P00000097555 1. Entity Name



Principal Place of Business

GARDNER & GARDNER, P.A.

Mailing Address

311 S MISSOURI AVENUE CLEARWATER FL 33756

311 S MISSOURI AVENUE CLEARWATER FL 33756

2. Principal Place of Business

3. Mailing Address 611 Druid Road

611 Druid Road Suite, Apt. #, etc.

Suite, Apt. #, etc. <u>Suite_510</u>

Suite 510 City & State

Clearwater, FL

GARDNER, JOHN C

311 S MISSOURI AVENUE CLEARWATER FL 33756

City & State Clearwater,

Zip Country 33756

USA 6. Name and Address of Current Registered Agent

Zip 33756

Country USA

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

GARDNER, JOHN C.

4. FEI Number

Street Address (P.O. Box Number is Not Acceptable) 611 Druid Road

Suite 510

Clearwater,

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

05-05-2003 90701 014 ***150.00

☐ CHECK HERE IF MAKING CHANGES

11091001

59-3710298

\$8.75 Additional

Fee Required

Applied For

Not Applicable

SIGNATURE

the obligations

<u>John C. Gardner.</u>

(NOTE: Registered Agent signature required when reinstating)

4/30/03

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

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition NAME gardner. John C NAME GARDNER, JOHN C. 3333 BELCHER ROAD STREET ADDRESS STREET ADDRESS 3333 Belcher Road CITY-ST-ZIP CITY-ST-7IP PALM HARBOR FL 34683 Dunedin; oft 34698 id. ☐ Addition TITLE ☐ Delete TITLE Change NAME Gardner. Susan L NAME STREET ADDRESS STREET ADDRESS 1869 EAST DRIVE CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL 34655 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachme

SIGNATURE:

UNR Susan L Gardner

4/30/03

727-461-3378

Daytime Phone #