## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # P00000097957 Feb 20, 2001 8:00 am Secretary of State 1. Entity Name THE GERBER LAW GROUP, P.A. 02-20-2001 90070 009 \*\*\*150 00 Mailing Address Principal Place of Business 225 MCLEAN POINTE EAST 225 MCLÉAN POINTÉ EAST WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 UUU1JU44 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 369 5487 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -----GERBER, MARIA Street Address (P.O. Box Number is Not Acceptable) 225 MCLEAN POINTE EAST WINTER HAVEN FL 33884 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **OFFICERS** AND DIRECTORS 11. Change Addition TITLE PRESIDENT ☐ Delete NAME KENNETH STREET ADDRESS STREET ADDRESS 225 MCLEAN CITY-ST-ZIP CITY-ST-ZIP VINTER HAVEN. ☐ Detete TITLE TITLE MANIA GERBER. 225 MCLEAN POINTEE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 ther like empowered.

SIGNATURE: