

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90537 027 \*\*\*150.00

**DOCUMENT # P00000098953**

1. Entity Name  
**J.G. GARDNER, INC.**

Principal Place of Business  
**8025 BARMEADOWS CIR E. #504**  
**JACKSONVILLE FL 32256**

Mailing Address  
**8025 BARMEADOWS CIR E. #504**  
**JACKSONVILLE FL 32256**

**814615**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**817 S. Bridgestone Ave**

3. Mailing Address  
**817 S. Bridgestone Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Jacksonville FL**

City & State  
**FL**

Zip  
**32259**

Country  
**St. Johns**

Zip  
**32259**

Country  
**St. Johns**

4. FEI Number  
**59-3677315**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARDNER, JENNIFER**  
**8025 BARMEADOWS CIR E, #504**  
**JACKSONVILLE FL 32256**

X Name  
**Jennifer Gardner**

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

**817 S. Bridgestone Ave**

X City  
**Jacksonville**

**FL**

Zip Code  
**32259**

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 **Jennifer Gardner**

(NOTE: Registered Agent signature required when reinstating)

**2/17/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                   |                                 |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>GARDNER, JENNIFER<br>8025 BARMEADOWS CIR E, #504<br>JACKSONVILLE FL 32256 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   | <input type="checkbox"/> Delete |

|                                                |                                                                                 |                                                                              |
|------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>Gardner Jennifer<br>817 S. Bridgestone Avenue<br>Jacksonville, FL 32259 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jennifer Gardner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/01**

Date

**(904) 230-1339**

Daytime Phone #

CR2E034 (10/00)