



FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90204 043 ***150.00

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

DOCUMENT # P01000016790					
1. Entity Name GATOR FRAMING AND REMODELING, INC.					
Principal Place of Business 12329 NW 46TH AVENUE GAINESVILLE, FL 32606			Mailing Address PO BOX 147050 PMB 289 TAMPA, FL 33614		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State GAINESVILLE, FL		
Zip		Country	Zip		Country
			32614		FLORIDA
4. FEI Number 59-3701914			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERTSON, PETER A 5216 SW 91ST DRIVE GAINESVILLE, FL 32606			Name Street Address (P.O. Box number is Not Acceptable) City FL Zip Code		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	OEHMIG, EDWARD W. III			TITLE	DP
STREET ADDRESS	12329 NW 46TH AVENUE			NAME	OEHMIG, EDWARD W. III
CITY-ST-ZIP	GAINESVILLE, FL 32606			STREET ADDRESS	Correction
TITLE	DST	Delete		TITLE	
NAME	OEHMIG, LEAH G			NAME	
STREET ADDRESS	12329 NW 46TH AVENUE			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32606			CITY-ST-ZIP	
TITLE		Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	
NAME				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 attachment with an address, with all other like empowered.					
SIGNATURE:  4/15/03 (352) 332-2445					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CP2E034 (10/02)