

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

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90102 027 ***150.00

DOCUMENT # **P01000003453 IV**
1. Entity Name
SOVEREIGN FINANCIAL CONSULTANTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9200 BONITA BEACH ROAD

3. Mailing Address
9200 BONITA BEACH ROAD

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

SUITE 110

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

4. FEI Number

65-1093281

Applied For

Not Applicable

Zip
34135

Country
USA

County
LEE

Zip
34135

Country
USA

County
LEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name:

CRAIG S. GABBERT

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

9200 BONITA BEACH ROAD, SUITE 110

City

BONITA SPRINGS

FL

Zip Code

34135

**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.

SIGNATURE

Craig S. Gabbert

04-03-2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/S
CRAIG S. GABBERT
9200 BONITA BEACH RD STE 110
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/T
KATHRYN GABBERT
9200 BONITA BEACH RD STE 110
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Craig S. Gabbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02

Date

941-9489711

Daytime Phone #

CR2E034B (12/01)