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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

05-23-2002 90140 022 ***150.00

DOCUMENT # P01000050729

1. Entity Name

GATOR VENTURES OF SEMINOLE, INC.

Principal Place of Business

3400 OHIO AVE
SANFORD FL 32771

Mailing Address

3400 OHIO AVE
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3726133

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, DEBORAH C
3400 OHIO AVE
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

Todd Braden

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

3400 OHIO AVENUE

City

SANFORD

FL

Zip Code

32773

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 Todd Braden

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

(NOTE: Registered Agent signature required when reinstating)

4/27/02

DATE

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, 2002 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

TITLE NAME ☐ Delete
 Todd Braden
 STREET ADDRESS 3400 Ohio Ave
 CITY-ST-ZIP SANFORD, FL 32773

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition
 Todd Braden, PRES
 STREET ADDRESS 3400 Ohio Ave
 CITY-ST-ZIP SANFORD, FL 32773

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Todd Braden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

Date

Daytime Phone #

CR2004 (9/01)

Attachment 99808
POI 000050729

To: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Gator Ventures of Seminole, Inc.

I am returning the letter you sent advising me that the title of the officer was not correct. I have now corrected the form by filing in Line 12 rather than line 11. Please do not charge me the extra amount of money due, I did pay my fee on time but just made a mistake in filling out and returning the paperwork.

Thank You,

Todd Braden