

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

FILED

03 OCT 23 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name **GATOR ASSET MANAGEMENT, INC.**

**PO2000042205**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**10211 PINES BLVD**

3. Mailing Address

**10211 PINES BLVD**

Suite, Apt. #, etc.

**#142**

Suite, Apt. #, etc.

**142**

City & State

**PEMBROKE PINES, FL**

City & State

**PEMBROKE PINES FL**

Zip

**33026**

Country

Zip

**33026**

Country

4. FEI Number

**03-0437373**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**ROBERT J. GORDON**

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

**10211 PINES BLVD STE 142**

City

**PEMBROKE PINES**

FL

Zip Code

**33026**

**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. 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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
ROBERT J. GORDON  
10211 PINES BLVD STE 142  
PEMBROKE PINES FL 33026**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all one: like empowered.

SIGNATURE:

**Robert J. Gordon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/01/03**

Date

**9545615670**

Daytime Phone #

CR2E034B (12/02)

21 10/26

October 21, 2003

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: FEI # 03-0437373 Gator Asset Management, Inc..

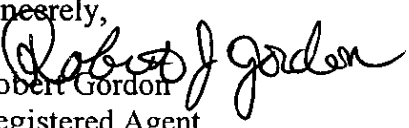
To whom it may concern:

Recently we filed our corporate tax return and our accountant asked us about filing the annual UBR. We check our files and could not see where we ever received any documents. He provided us with a blank UBR, which we have completed.

We are requesting that your office waive the reinstatement fee. Enclosed please find the reinstatement form along with a check in the amount of \$150.00 for the yearly registration fee.

Thank you for your patience and consideration in this matter.

Sincerely,

  
Robert Gordon  
Registered Agent