

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018801

1. Entity Name

DAVID GORDON REPAIRS, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90086 011 ***150.00

Principal Place of Business

303 SE 17TH ST
SUITE 313
OCALA FL 34471
US

AS OF 5/1/00
2450 SE 62ND ST
OCALA, FL
34480

Mailing Address

303 SE 17TH ST
SUITE 313
OCALA FL 34471-4423
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 931

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34478

Country

4. FEI Number

59-3177405

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

GORDON, DAVID C
303 SE 17TH ST
SUITE 313
OCALA FL 34471

Name

GORDON, DAVID C.

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

2450 SE 62ND ST.

City

OCALA

FL

Zip Code

34480

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	GORDON, DAVID C	
STREET ADDRESS	2450 SE 62ND STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GORDON, JUDY D	
STREET ADDRESS	2450 SE 62ND STREET	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C. GORDON

Date

4/27/00 (352) 629-5902

Daytime Phone #

CR2E034 (9/99)