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

DOCUMENT

Principal Place of Business

10 N SUMMERLIN AVENUE

2. Principal Place of Business

ORLANDO FL 32801

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

P93000036122

Mailing Address

P.O. BOX 530052

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

ORLANDO FL 32853-0052

1. Entity Name

W. W. GARDNER & ASSOCIATES, INC.



FILED Jan 14, 2003 8:00 am **Secretary of State**

01-14-2003 90047 001 ***150.00

Perseurk

CHECK HERE IF MAKING CHAP	NGE\$
FEI Number 59-3187932	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent GARDNER, WINSTON W JR 1827 BIMINI DR ORLANDO FL 32806-1515

Country

7. Name and Address of New Registered Agent W. GARDNER WINSTON Street Address (P.O. Box Number is Not Acceptable)

ID N. SUMMEDLIN AVE.

5. Certificate of Status Desired

Zip Code **328**01 OPLANDO 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 WINSTON W. GARDU

City

Country

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. П \$5.00 May Be Added to Fees

\$8.75 Additional

Fee Required

10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition GARDNER, WINSTON W JR NAME NAME 10 N SUMMERLIN AVE NO 2 STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO FL 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition GARDNER, JEROL M NAME STREET ADDRESS 10 N SUMMERLIN AVE STE 2 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP TITLE 🛥 🖃 Delete 🥕 -TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE:

TON W. GARDUSE Jr. 1/11/03 407-254.5370

CR2E034 (10/02)