## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P93000039469

1. Entity Name

910 GARDENGATE, INC.

Principal Place of Business

Mailing Address

910 GARDENG PENSACOLA F US		P. O. BOX 11211 PENSACOLA FL 32524-121 US	1		1 28 611 8	\ 0. 318 14189 AIRL APIIX 81		18 (BIN BIBIS P	(/5 (81) (8 <b>6</b> )	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State	City & State		4. FEI Numb			pplied For at Applicable	7	
Zip	Country	Country Zip C		′	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and	d Address of New	Registered A	gent		1
HURD, FREDERICK A JR				Name					=	
910	GARDENGATE CIR. SACOLA FL 32504			Street Address (P.O. Box Number is Not Acceptable)						
r Lin	0A00EA 1 E 02304		_	City				Zip Cod	9 ,	-
				Oily			FL	210 000	Ç	
8. The above	named entity submits this statement fo	r the purpose of changing its	registered	office or registere	ed agent, or bo	oth, in the State of F	florida.			
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered A	gent 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)		After MAY 1, 20	FILE NOW!!! FEE IS \$150.0 After MAY 1, 2001 Fee will be \$55 Make Check Payable to Department		Tr	ection Campaign F rust Fund Contribut			<b>0</b> May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	,	ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	ĺ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Delete HURD, FREDERICK A JR 910 GARDENGATE CIR. PENSACOLA FL		TITLE NAME	ADDRESS		,		☐ Change	☐ Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete HURD, CAROLE A 3920 HIDDEN OAK DR PENSSCOLA FL 32504		TITLE	ADDRESS	☐ Chang			Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS 1-ZIP			,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADORESS 1- Zip				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS : - ZIP				☐ Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS				☐ Change	Addition	

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:

Apr 18, 2001 8:00 am Secretary of State 04-18-2001 90113 010 \*\*\*150.00