## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 25, 2002 8:00 am Secretary of State P93000039469 DOCUMENT # 1. Entity Name 03-25-2002 90191 010 \*\*\*150 00 910 GARDENGATE, INC. Principal Place of Business Mailing Address P. O. BOX 11211 910 GARDENGATE CIR. PENSACOLA FL 32524-1211 PENSACOLA FL 32504 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3190802 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required - 7. Name and Address of New Registered Agent - -6. Name and Address of Current Registered Agent Name HURD, FREDERICK A JR Street Address (P.O. Box Number is Not Acceptable) 910 GARDENGATE CIR. PENSACOLA FL 32504 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change PDS ☐ Delete TITLE TITLE HURD, FREDERICK A JR NAME NAME 910 GARDENGATE CIR. STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE HURD, CAROLE A NAME NAME 3920 HIDDEN OAK DR STREET ADDRESS STREET ADDRESS PENSSCOLA FL 32504 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

**FILED**