2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2000 8:00 am Secretary of State DOCUMENT # **P94000018197** GARDNER ENTERPRISES OF AMERICA, INC. 05-20-2000 90004 008 ***150.00 Principal Place of Business Mailing Address 1261 VILLAGE LAKE DRIVE NORTH 1261 VILLAGE LAKE DRIVE NORTH DELAND FL 32724 DELAND FL 32724 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3284143 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TALCOTT, DOROTHEA J Street Address (P.O. Box Number is Not Acceptable) 1261 VILLAGE LAKE DRIVE NORTH **DELAND FL 32724** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Addition TITLE ☐ Delete TALCOTT, JOHN G III NAME NAME STREET ADDRESS STREET ADDRESS 1261 VILLAGE LAKE DRIVE NORTH CITY-ST-ZIP CITY-ST-7IP **DELAND FL 32724** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME TALCOTT, DOROTHEA J NAME STREET ADDRESS 1261 VILLAGE LAKE DRIVE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 ☐ Change ☐ Addition ☐ Delete TITLE TITLE TALCOTT, DOROTHEA J NAME NAME STREET ADDRESS 1261 VILLAGE LAKE DRIVE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 Change ☐ Addition ☐ Delete NAME 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-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 in the composition of the corporation or an attachment with an address, with all other like empowered.