

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047039

1. Entity Name

GAMBER PAINTING, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90164 031 ***150.00

Principal Place of Business

468 CORBEL DRIVE
NAPLES FL 33942

Mailing Address

468 CORBEL DRIVE
NAPLES FL 34110-1169

2. Principal Place of Business

Unit 507

3. Mailing Address

6305 Wilshire Pines Circle

Suite, Apt. #, etc.

Naples FL

Suite, Apt. #, etc.

~~Naples FL~~ Unit 507

City & State

34109

City & State

Naples FL

Zip

Country

Collier

Zip

34109

Country

Collier

4. FEI Number

65-0501698

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

GAMBER, MICHAEL K
468 CORBEL DRIVE
NAPLES FL 33942

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent 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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GAMBER, MICHAEL K
STREET ADDRESS 468 CORBEL DRIVE
CITY-ST-ZIP NAPLES FL 33942

☐ Delete

TITLE D
NAME Gamber Michael K
STREET ADDRESS 6305 Wilshire Pines Circle Unit 507
CITY-ST-ZIP Naples, FL 34109

☐ Change ☐ Addition

TITLE D
NAME GAMBER, JANET
STREET ADDRESS 468 CORBEL DRIVE
CITY-ST-ZIP NAPLES FL 33942

☐ Delete

TITLE D
NAME Gamber Janet
STREET ADDRESS 678 Pompano Drive
CITY-ST-ZIP Naples FL 34110

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Gamber

4-23-00

Date

941-5669170

Daytime Phone #