

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047039

1. Entity Name
GAMBER PAINTING, INC.

Principal Place of Business
6305 WILSHIRE PINES CIRCLE
UNIT 507
NAPLES FL 34109

Mailing Address
6305 WILSHIRE PINES CIRCLE
UNIT 507
NAPLES FL 34109

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

GAMBER, MICHAEL K
488 CORBEL DRIVE
NAPLES FL 34102

Gamber Michael K
6305 Wilshire Pines Cir.
#507
Naples, FL 34109

7. Name and Address of New Registered Agent

Name

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

6305 Wilshire Pines Cir #507

City Naples FL Zip Code 34109

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 *Michael K Gamber*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME GAMBER, MICHAEL K
STREET ADDRESS 6305 WILSHIRE PINES CIRCLE, UNIT 507
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE D
NAME GAMBER, JANET
STREET ADDRESS 678 POMPANO DRIVE
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

☐ 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:

Michael K Gamber
Michael K Gamber

Date

4-26-01

Daytime Phone #

941-5669170

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90020 050 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0501698

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

05-40794

CR2E034 (10/00)