

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90967 002 \*\*\*158.75

047444 AV

**DOCUMENT # P94000051136**

1. Entity Name  
**J.D. GARNER & ASSOCIATES, INC.**



Principal Place of Business  
**ONE BEACH DRIVE SE  
#1905  
SAINT PETERSBURG FL 33701  
US**

Mailing Address  
**ONE BEACH DRIVE SE  
#1905  
SAINT PETERSBURG FL 33701  
US**



2. Principal Place of Business

3. Mailing Address

**1074 HARBERD WAY**

Suite, Apt. #, etc.

**1858 RINGLUND BLVD.**

Suite, Apt. #, etc.

**185**

☐ CHECK HERE IF MAKING CHANGES

City & State

**SARASOTA FL**

City & State

**KETTLE FALLS WA**

4. FEI Number

**59-3256627**

Applied For

Not Applicable

Zip

**34236**

Country

**USA**

Zip

**99141  
34236**

Country

**USA**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GARNER, JEFF  
ONE BEACH DRIVE SE #1905  
SAINT PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **C/O KERKERING + BARBERO**

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

**1858 RINGLUND BLVD.**

City

**SARASOTA**

**FL**

Zip Code

**34236**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jeff Garner*

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

**JEFF GARNER**

(NOTE: Registered Agent signature required when reinstating)

**4/26/03**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **GARNER, JEFF D**  
STREET ADDRESS **ONE BEACH DRIVE SE #1905**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **C/O KERKERING + BARBERO** ☒ Change ☐ Addition  
NAME **1858 RINGLUND BLVD**  
STREET ADDRESS **SARASOTA FL 34236**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/03**

Date

Daytime Phone #

CR2E034 (10/02)