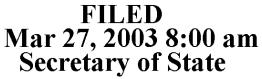
## 2003 FOR PROFIT CORPORATION

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

**DOCUMENT #** 1. Entity Name

P94000081694 GABRIEL RESOURCES, INC.





03-27-2003 90111 048 \*\*\*150.00

Principal Place of Business  Mailing Address  2328 S OCEAN SHORE BLVD  FLAGLER BEACH FL 32136  Mailing Address  2328 S OCEAN SHORE BLVD  FLAGLER BEACH FL 32136								
Principal Place of Business     3. Mailing Address					:	11		
Suite, Apt. #, etc. Suite, Apt. #,			<del>,</del>		CHECK HERE IF MAKING CHANGES			
City & State City & State				4.	4. FEI Number 65-0532098		plied For at Applicable	
Zip	Zip Countr			5.	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			1.4 1.4	· = 7.	Name and Address of New Registered A	gent		
			Name					
BUSCH, RANDY L 2328 S OCEAN SHORE BLVD			Street Add	dress (P.O. I		,		
			City		FL	Zip Cod	e	
Busch	, 				4-5-		and accept	
e \$550.00 partment of State					9. Election Campaign Financing Trust Fund Contribution.	Added	<b>0</b> May Be I to Fees	
ICERS AND DIRECTOR		11.		ΑI				
	☐ Delete	NAME STREE	ET ADORESS			☐ Change	☐ Addition	
	☐ Delete	NAME STREE	ET ADDRESS		c	☐ Change	☐ Addition	
	Delete The Delete	NAME STREE	ET ADDRESS	المستناف والمناهجية والم	ক্ষেত্ৰত ১ - প্ৰচাৰ্থ্য সংক্ৰান্ত্ৰ	Change	☐ Addition →	
,	☐ Delete	NAME STREE	ET ADDRESS			Change	☐ Addition	
	☐ Delete	NAME STREE	ET ADDRESS			Change	Addition	
٠,	☐ Delete	NAME STREE	ET ADDRESS		·	☐ Change	Addition	
	3. Mailir Suite, City 8 Zip Fof Current Registered statement for the purpor egistered agent and title if applic artment of State ICERS AND DIRECTOR EBLVD 2136	3. Mailing Address Suite, Apt. #, etc. City & State Zip  Fof Current Registered Agent  Statement for the purpose of changing its registered agent and title if applicable. (NOTE:  150.00 e \$550.00 partment of State ICERS AND DIRECTORS  BLVD 2136  Delete  BLVD 2136  Delete  Delete  Delete	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Count  of Current Registered Agent  Statement for the purpose of changing its registered agent and title if applicable. (NOTE: Registered 150.00 e \$550.00 partment of State  ICERS AND DIRECTORS 11.  Delete TITLE NAME STREE CITY-  1 Delete TITLE NAME STREE CITY-  Delete TITLE NAME STREE CITY-	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country  of Current Registered Agent  Name  Street Add  City  statement for the purpose of changing its registered office or registered agent and title if applicable.  (NOTE: Registered Agent signature)  150.00  e \$550.00  partment of State  IDelete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete	2328 S OCEAN SHORE BLVD   FLAGLER BEACH FL 32136	2328 S OCEAN SHORE BLVD FLAGLER BEACH FL 32138  3. Mailing Address  Suite, Apt. #, etc.   CHECK HERE IF MAKING.  City & State   4. FEI Number 65-0532098  Zip   Country   5. Certificate of Status Desired   \$  Ind Current Registered Agent   Name and Address of New Registered Agent   Name    Street Address (P.O. Box Number is Not Acceptable)  City   FL  Statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fa    Street Address (P.O. Box Number is Not Acceptable)  Date  150.00   S550.00    S550.00   S550.00    STREET ADDRESS   11.   ADDITIONS/CHANGES TO OFFICERS AND IN NAME    STREET ADDRESS   CHY-ST-ZP    Delete   TITLE   NAME    STREET ADDRESS   CHY-ST-ZP    Delete   TITLE   NAME    STREET ADDRESS    CHY-ST-ZP   TITLE    NAME    STREET ADDRESS    CHY-ST-ZP    Delete   TITLE    NAME    STREET ADDRESS    CHY-ST-ZP    CHY-ST-ZP	228 S OCEAN SHORE RIVD FLAGLER BEACH FL 32136  3. Mairing Address  Suite, Apt. #, etc.   Chry & State   Country   Co	

indicated on this report or 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 attackment with an address with abother like empowered.

SIGNATURE: 1