

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016667

1. Entity Name

GENE GARTMAN CONSTRUCTION INC.

Principal Place of Business

Mailing Address

2027 KILDARE CIR NICOSVILLE FL 32578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3364686

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

Name

GENE GARTMAN

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

2027 KILDARE CIR

NICOSVILLE FL 32578

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)

11-1-01

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President  
NAME: GENE GARTMAN  
STREET ADDRESS: 2027 KILDARE CIR  
CITY-ST-ZIP: NICOSVILLE FL 32578

☐ Delete

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

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME: 300004671043-7  
STREET ADDRESS: -11/07/01-01061-008  
CITY-ST-ZIP: \*\*\*\*\*8.75 \*\*\*\*\*8.75  
Change ☐ Addition ☐

TITLE:   
NAME: 300004671043-7  
STREET ADDRESS: -11/07/01-01061-009  
CITY-ST-ZIP: \*\*\*\*\*150.00 \*\*\*\*\*150.00  
☐ Delete

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

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

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

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

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

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
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

11-1-01

Date

(850) 592-6572

Daytime Phone #

CR2E034 (11/00)

11-1-01

202

MOVED From 4671 Browning Ct Crestview  
TO 2027 KILDARE Cir Niceville FL  
DID not Get A notice DIDN'T  
Even Get Late notice  
Here in person to pay

THANK YOU

Ym Muto