

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000036663**1. Entity Name
THE GABLES INTERNATIONAL GROUP, INC.

Principal Place of Business

100 N. TAMPA ST.
SUITE 1800
TAMPA
33602

FL

US

Mailing Address

3352 E CAMELBACK RD
PHOENIX
85018

AZ

US

2. Principal Place of Business

911 COURT ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER

FL

City & State

4. FEI Number

59-3380150

Applied For

Not Applicable

Zip
33756Country
US

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NEAL A R
13577 FEATHER SOUND DRIVE STE 300CLEARWATER
34622

US

FL

7. Name and Address of New Registered Agent

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)

09/07/2001

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

TITLE	P	NAME	LAWSON ROBERT W	☐ Delete
STREET ADDRESS			3352 E CAMELBACK RD	
CITY-ST-ZIP			PHOENIX AZ 85018	
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	LAWSON ROBERT W	☒ Change ☐ Addition
STREET ADDRESS			3352 E CAMELBACK RD	
CITY-ST-ZIP			PHOENIX AZ 85018	
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-ST-ZIP				

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: ROBERT W LAWSON

P

09/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)