

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90098 009 \*\*\*158.75

DOCUMENT # P96000040216

1. Entity Name  
**THE GABLES INTERNATIONAL, INC.**

Principal Place of Business <b>13577 FEATHER SOUND DRIVE STE 300          CLEARWATER FL 34622</b>	Mailing Address <b>3352 E CAMELBACK RD          PHOENIX AZ 85018-2310          US</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>100 N. TAMPA ST.</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>SUITE 1800</b>		Suite, Apt. #, etc.	
City & State <b>TAMPA, FL</b>		City & State	
Zip <b>33602</b>	Country <b>USA</b>	Zip	Country

4. FEI Number <b>59-3446618</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**NEAL, A R  
 13577 FEATHER SOUND DRIVE STE 300  
 CLEARWATER FL 34622**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00          After MAY 1, 2000 Fee will be \$550.00          Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAWSOW, ROBERT W 13577 FEATHERSOUND DR, 300 CLEARWATER FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3352 E. CAMELBACK RD PHOENIX, AZ 85018</b>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: **THE GABLES INTERNATIONAL, INC. PRESIDENT** Date: **4/27/00** Daytime Phone #: **602-381-8588**

CR2E034 (9/99)