

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 07, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000040216

1. Entity Name
THE GABLES INTERNATIONAL, INC.

Principal Place of Business
100 N TAMPA ST
STE 1800
TAMPA
33602
US

Mailing Address
3352 E CAMELBACK RD
PHOENIX
85018
US

2. Principal Place of Business
911 COURT ST

3. Mailing Address

Suite, Apt. #, etc.

City & State
CLEARWATER
FL

City & State

Zip
33756

Country
US

Zip

Country

4. FEI Number
59-3446618

Applied For
Not Applicable

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 300
CLEARWATER
34622
FL

7. Name and Address of New Registered Agent

Name
NEAL A R
Street Address (P.O. Box Number is Not Acceptable)
911 COURT ST
City
CLEARWATER
FL
Zip Code
33756

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 _____ DATE 09/07/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
LAWSOW ROBERT W
3352 E CAMELBACK RD
PHOENIX
AZ 85018

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
LAWSON ROBERT W
3352 E CAMELBACK RD
PHOENIX
AZ 85018

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: ROBERT W LAWSON P 09/07/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)