

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90058 046 \*\*\*150.00

**DOCUMENT # P96000072962**

1. Entity Name

**SCOTT GOMBER & ASSOCIATES, INC.**

Principal Place of Business

2709 CULLEN CT  
 OCOEE FL 34761

Mailing Address

2709 CULLEN CT  
 OCOEE FL 34761  
 US

**641106**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**428 Courtlen Oaks Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**1583 E. Silver Star Road**

Suite, Apt. #, etc.

**PMB 266.**

City & State

**Winter Garden, FL**

City & State

**OCOEE, FL**

4. FEI Number

**59-3394329**

Applied For

Not Applicable

Zip

**34787**

Country

**USA**

Zip

**34761**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOMBER, SCOTT P  
 2709 CULLEN CT  
 OCOEE FL 34761**

7. Name and Address of New Registered Agent

Name

**Scott P. Gomber**

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

**428 Courtlen Oaks Blvd.**

City

**Winter Garden**

**FL**

Zip Code

**34787**

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)

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOMBER, SCOTT</b>	
STREET ADDRESS	<b>2709 CULLENS CT</b>	
CITY-ST-ZIP	<b>OCOEE FL 34761</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOMBER, RENEE</b>	
STREET ADDRESS	<b>2709 CULLENS CT</b>	
CITY-ST-ZIP	<b>OCOEE FL 34761</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Scott Gomber.</b>	
STREET ADDRESS	<b>428 Courtlen Oaks Blvd.</b>	
CITY-ST-ZIP	<b>Winter Garden, FL 34787</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:**

*Scott P. Gomber*

**Scott P. Gomber**

**Director**

**4-2-01**

**407-877-6169**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)