CU50487	

200	1 UNIFO	RM BUSII	NESS REPO	RT	(UBI	R)	_	San		LEI) 8:00	am	uusbasi.
DOCUMENT # P97000015540 1. Entity Name					-			Sec	reta	ry 0	f Sta	te	ı ğ
ELDON J. GARDNER ENTERPRISES, INC.				,	ł	09-0	05-2001 9	0007 033	3 ***550.0	00	₹		
		·				/							
Principal Plac	ce of Business		Mailing Address				1						
5555 TAYLOR			5555 TAYLOR ROAD						-				
NAPLES FL 3			NAPLES FL 34109										
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2. Principal F	Place of Business		3. Mailing Address				-						i
	BOUTTA GRA	NOE DR	3. Mailing Address 21941 Boutta 6	RAN	DED	2 _							
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Stat	te O =		Sity & State				4. FEI	Number			A	pplied Fo	r]
4TMOCK	SPRINGS	,FL	BONTTA SPRIN					5	3-343873	<u> </u>	N	lot Applica	able
Zip る4/3	5 Cou	intry (SA	34/35	Cour	ISA		5. Cer	tificate of Sta	tus Desired		\$8.75 Ac		
<u> </u>		ddress of Current Re	gistered Agent				7. Nan	ne and Addre	ess of New I	Registered	Agent		
			Tibe 4 - Amilian Taylor Services (112 milian 1	با خدرد	Name			20 3	en 1 - 2 - 2 - 2				(
-	R, ELDON J		- 00		Street A	Address (F	P.O. Box	Number is N	ot Acceptab	le)			
*****	LOR ROAD	(1941 1004)	TA GRANDE DR	-				***		 -	-		
NAPLES I	1 1:341 09 100	MINAS ALLAC	63, FL 3413!	7		.,-							_
~~~ `\					City					FI	Zip Cod	ie	
8. The above	named entity subm	its this statement for t	ne purpose of changing its	egister	ed office o	r registere	red agent	, or both, in the	ne State of F	lorida.			
"V													
SIGNATURE	Signature, typed or printer	name of registered agent and	title if applicable (NOTE:	Registere	d Agent signat	berings and	1 when reinsta	ating)		DATE			ĺ
			(				- Inchine						_
	oration is eligible to requirement and ele		FILE NOW!! After September 12,				.00	10. Election (			_ \$5.0	00 May B	Be
	ria on back)		Make Check Payab					Trust Fun	d Contribution	on. I	∐ Adde	d to Fees	
11.		OFFICERS AND DI	RECTORS	12.			ADDIT	TIONS/CHAN	GES TO OF	FICERS AN	D DIRECTOF	IS IN 11	$\Box_{\sim}$
TITLE	D		Delete	TITL							💢 Change	☐ Add	CR2E034 (5/01)
NAME STREET ADDRESS	Gardner, eld 5555-taylor f			NAM	ie Eet address	2194	413	NITA GE	ZANDE.	DR			X
CITY-ST-ZIP -	NAPLES FL 341		,		-ST-ZIP	Bow	ר מו	PRINC	4.F1	34/3	5		100
TITLE	DVP			TITU	E		/IA S	· <u> </u>	<i>,,,,</i>	4 /1 W.	Change	☐ Add	ition 8
NAME	CASE, JAMES S	SR		NAM		س.م			<b>a</b>			_	} _
STREET ADDRESS	749 103RD AVE				EET ADDRESS			NITA 6					
CITY-ST-ZIP	NAPLES FL 341	08-		-	-ST-ZIP	ZON.	TA D	PRINGS,	<u>rl 3:</u>	7/35	N-1		
NAME	DVP		Delete_	TITLI NAM		~		مرد د مامد			Change Change	L. Add	ition
STREET ADDRESS	SNEED, PHILLIP 839-108TH AVE				ET ADDRESS	2194	Bon	ITTA GR	ANDE	DR			
CITY-ST-ZIP .	NAPLES FL 341			CITY	-ST-ZIP	BONT	TA S	PRINGS	FL 3	4135			
TITLE			☐ Delete	TITL	<u>-</u>	[			,		☐ Change	Addi	ition
NAME				NAM									1.
STREET ADDRESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP								}
TITLE			□ Delete	TITL							☐ Change	☐ Addi	ition
4 to to	r			,,,,,,	-	i							

13. Thereby certify that the information supplied with this filling 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 of 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 attact ment with an address, with all other time empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

8-27-01 941-948-7788

Date Daytime Phone #

☐ Change

☐ Addition