

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90068 034 ***150.00

CR2E034 (10/02)

DOCUMENT # **P97000015540**

1. Entity Name
ELDON J. GARDNER ENTERPRISES, INC.



Principal Place of Business
**5555 TAYLOR RD
NAPLES FL 34109**

Mailing Address
**PO BOX 367449
BONITA SPRINGS FL 34135**



2. Principal Place of Business
21941 Bonita Grande Dr

3. Mailing Address
P O Box 367449

Suite, Apt. #, etc.

City & State
Bonita Springs FL

City & State
Bonita Springs FL

Zip
34136

Country
Lee

4. FEI Number **59-3438731**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GARDNER, ELDON J
26851 NICKI J COURT
BONITA SPRINGS FL 34135**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eldon J Gardner* **President** **January 7, 2003**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, ELDON J	
STREET ADDRESS	26851 NICKI J COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	CASE, JAMES SR	
STREET ADDRESS	749 103RD AVE N	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SNEED, PHILLIP B	
STREET ADDRESS	839 108TH AVE N	
CITY-ST-ZIP	NAPLES FL 34108	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eldon J Gardner* **January 7, 2003 (239)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 9487133