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

P97000015540 **DOCUMENT #** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ELDON J. GARDNER ENTERPRISES, INC.



**Secretary of State** 01-23-2003 90068 034 \*\*\*150.00

**FILED** 

Jan 23, 2003 8:00 am

		SO WE IN	7		
Principal Place of Business 5555 TAYLOR RD NAPLES FL 34109	Mailing Address PO BOX 367449 BONITA SPRINGS FL 3413	5			
2. Principal Place of Business 21941 Bonita Grande		367449	1 (001)00/ (10 1811) (0011 4011/ 0011) 6	M461 <b>88191</b> 41 <b>00</b> 7 M401 M411 M1	011 <b>08</b> 11 1001
Suite, Apt. #, etc. Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
Bonita Sonnas	FL Bonita So	orings FL	4. FEI Number 59-3438731	<del></del>	plied For t Applicable
34136 Lee	Zip 34136	Country Lee	5. Certificate of Status Desired	S8.75 Add Fee Required	
6. Name and Address of	Current Registered Agent		7. Name and Address of New Reg	jistered Agent	
		Name	-		
GARDNER, ELDON J 26851 NICKI J COURT		Street Address (P.O. Box Number is Not Acceptable)			
BONITA SPRINGS FL 34135				· · · · · · · · · · · · · · · · · · ·	
50,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City		Zip Code	
				<u> </u>	
<ol> <li>The above named entity submits this state the obligations of registered agent.</li> </ol>	ement for the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florid	da. I am familiar with, a	and accept
the obligations of registered agent.	· _ // /	11. 1	1		
			7 11 1		)
SIGNATURE	Hudren	Mesiae	nt JAN	wary 7,2	003
Signature, typed or printed name a registr		TSUSSIAL E: Registered Agent signature requir	ed when reinstating)	MUATY 7, 2	003
Signature, typed or printed new registr	0.00	FALSONIE: Registered Agent signature requir		DATE / 7, 2	0 May Be
FILE NOW!!! FEE IS \$150. After May 1, 2003 Fee will be \$1	.00 550.00	PNUSUAL  E: Registered Agent signature require	9. Election Campaign Finar Trust Fund Contribution.		0 May Be to Fees
FILE NOW!!! FEE IS \$150. After May 1, 2003 Fee will be \$5 Make Check Payable to Florida Depart	.00 550.00 ment of State		Election Campaign Finar     Trust Fund Contribution.	☐ Added	to Fees
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FILE NOW!!! FEE IS \$150.  After May 1, 2003 Fee will be \$100.  Make Check Payable to Florida Departs  10.  OFFICES  TITLE  NAME  GARDNER, ELDON J	RS AND DIRECTORS	11. TITLE NAME	Election Campaign Finar     Trust Fund Contribution.	Added  ERS AND DIRECTORS	to Fees
FILE NOW!!! FEE IS \$150.  After May 1, 2003 Fee will be \$100.  Make Check Payable to Florida Departs  10.  OFFICES  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DVP	Delete	11. TITLE NAME STREET ADDRESS	Election Campaign Finar     Trust Fund Contribution.	Added  ERS AND DIRECTORS	to Fees
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FILE NOW!!! FEE IS \$150.  After May 1, 2003 Fee will be \$3  Make Check Payable to Florida Departs  10. OFFICES  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DVP  CASE, JAMES SR  STREET ADDRESS; 749 103RD, AVE, N  CITY-ST-ZIP  NAPLES FL 34108	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Election Campaign Finar     Trust Fund Contribution.	Added  ERS AND DIRECTORS  Change	to Fees
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FILE NOW!!! FEE IS \$150.  After May 1, 2003 Fee will be \$1  Make Check Payable to Florida Departs  10. OFFICES  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS; CITY-ST-ZIP  NAME STREET ADDRESS; CITY-ST-ZIP  NAPLES FL 34108  TITLE DVP NAME STREET ADDRESS; CITY-ST-ZIP  NAPLES FL 34108  TITLE DVP NAME STREET ADDRESS; NAPLES FL 34108  NAPLES FL 34108	Delete	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  -STREET ADDRESS.  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Election Campaign Finar     Trust Fund Contribution.	Added  ERS AND DIRECTORS  Change  Change	to Fees S IN 11 Addition Addition
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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 attachm

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE

☐ Change

■ Addition