2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065218

Country

6. Name and Address of Current Registered Agent

GARDNER DISTRIBUTION & MANUFACTURING, INC.

Principal Place of Business

2. Principal Place of Business

GARDNER, H E III

449 S.E. VERADA AVE PORT ST. LUCIE FL 34983 Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

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.

📆 S.E. DOMINICA TERR. THEFT FL 34997

Suite, Apt. #, etc.

City & State

Zip

P.O. BOX 149

PORT SALERNO FL 34992-0149

May 01, 2000 8:00 am Secretary of State

05-01-2000 90041 033 ***150.00



Zip Code

SIGNATURE DATE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition ☐ Change ☐ Delete TITLE TITLE GARDNER, H E III NAME 449 S.E. VERADA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34983 CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Country

Name

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR