

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102289

1. Entity Name

GABRIEL TOWER CORP

GABR574 349513018 1399 20 01/05/0
NOTIFY SENDER OF NEW ADDRESS
GABRIEL
PO BOX 8406
PORT SAINT LUCIE FL 34985-8406

Principal Place of Business

P.O. BOX 1574
JENSEN BEACH FL 34957

FILED

Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90022 004 ***150.00

2. Principal Place of Business

3. Mailing Address

P.O. BOX 8406

Suite, Apt. #, etc.

PORT ST. LUCIE, FL

City & State

City & State

Zip

34985

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0800158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GABRIEL, AUGUST F
127 S. SHORE ROAD
STUART FL 34994

Name

AUGUST F. GABRIEL

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

2457 S.E. SHIPPING RD

City

PORT ST. LUCIE

FL

Zip Code

34952

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

August F. Gabriel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-1-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GABRIEL, AUGUST F
STREET ADDRESS 127 S. SHORE ROAD
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE P.
NAME AUGUST F. GABRIEL ☒ Change ☐ Addition
STREET ADDRESS 2457 S.E. SHIPPING RD
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE S
NAME GABRIEL, LORRAINE P
STREET ADDRESS 127 S. SHORE ROAD
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE S.
NAME LORRAINE P. GABRIEL ☒ Change ☐ Addition
STREET ADDRESS 2457 S.E. SHIPPING RD
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

AUGUST F. GABRIEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

561-337-2363

Daytime Phone #