

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008336

1. Entity Name
GAR VENTURES, INC.

Principal Place of Business

**116 PONCE TERRACE CIRCLE
PONCE INLET FL 32127-7016**

Mailing Address

**116 PONCE TERRACE CIRCLE
PONCE INLET FL 32127-7016**

2. Principal Place of Business

106 Ponce Terrace Circle

3. Mailing Address

106 Ponce Terrace Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONCE INLET, FL

City & State

PONCE INLET, FL

Zip

32127-7016

Country

USA

Zip

32127-7016

Country

USA

6. Name and Address of Current Registered Agent

**ROBARGE, GARY A
116 PONCE TERRACE CIRCLE
PONCE INLET FL 32127-7016**

4. FEI Number

59-3495401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE ☐ Delete
NAME **PDS**
STREET ADDRESS **ROBARGE, GARY**
CITY-ST-ZIP **116 PONCE TERRACE CIR.
PONCE INLET FL 32127-7016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **106 Ponce Terrace Cir.**
CITY-ST-ZIP **PONCE INLET, FL 32127-7016**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

GARY A. ROBARGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-2001

Date

386-761-2474

Daytime Phone #

0452191

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE