

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028298

1. Entity Name

BILL GARDNER STUCCO, INC.

Principal Place of Business

390 KENOVA AVE.  
PT. CHARLOTTE FL 33954

Mailing Address

390 KENOVA AVE.  
PT. CHARLOTTE FL 33954

2. Principal Place of Business

6594 Buckboard St.

3. Mailing Address

P.O. Box 381088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Port, FL

City & State

Murdoch, FL

Zip

Country

Zip

33938

Country

4. FEI Number

65-0828485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARDNER, WILLIAM  
390 KENOVA AVE.  
PT. CHARLOTTE FL 33954

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
6594 Buckboard St.

City

North Port,

FL

Zip Code

3

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 VTS ☐ Delete  
NAME GARDNER, LORI A  
STREET ADDRESS 390 KENOVA AVE.  
CITY-ST-ZIP PT. CHARLOTTE FL 33954

TITLE PD ☐ Delete  
NAME GARDNER, WILLIAM  
STREET ADDRESS 390 KENOVA AVE.  
CITY-ST-ZIP PT. CHARLOTTE FL 33954

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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 6594 Buckboard St.  
CITY-ST-ZIP North Port, FL 33938

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6594 Buckboard St.  
CITY-ST-ZIP North Port, FL 33938

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Lori A. Gardner* Lori A. Gardner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/01

Daytime Phone #

941 4298115

CR2E034 (10/00)

0538144

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**  
03-08-2001 90094 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE