

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90030 021 \*\*\*150.00

**DOCUMENT # P98000092040**

1. Entity Name  
**GABBARD INC.**

Principal Place of Business  
**10028 OASIS PALM DR  
 TAMPA FL 33615**

Mailing Address  
**10028 OASIS PALM DR  
 TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**TARPON SPRINGS FL**

4. FEI Number

**59-3541017**

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

**341689**

**U.S.**

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

**GABBARD, CHRISTOPHER  
 8925 SOUTH BAY DR.  
 TAMPA FL 33615**

Name **GABBARD, CHRISTOPHER**

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

**2888 DEER RUN**

City

**TARPON SPRINGS FL**

**FL**

Zip Code

**341689**

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, type or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-11-02**

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, 2002 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 **P**  
 NAME **GABBARD, CHRISTOPHER**  
 STREET ADDRESS **10028 OASIS PALM DR**  
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
 NAME **GABBARD, CHRISTOPHER**  
 STREET ADDRESS **2888 DEER RUN**  
 CITY-ST-ZIP **TARPON SPRINGS FL 341689**

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

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

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-02**

Date

**727-644-5115**

Daytime Phone #

CR2E034 (9/01)