

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90013 016 ***150.00

DOCUMENT # P98000092040

1. Entity Name
GABBARD INC.



Principal Place of Business
10028 OASIS PALM DR
TAMPA FL 33615

Mailing Address
2888 DEER RUN
TARPON SPRINGS FL 33689

60004434



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2888 DEER RUN
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
TARPON SPRINGS / FL

City & State

Zip
34688

Country
U.S.A.

Zip
34688

Country

4. FEI Number
56-3541017

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

GABBARD, CHRISTOPHER
2888 DEER RUN
TARPON SPRINGS FL 34689

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

FL **Zip Code**
34688

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE P NAME GABBARD, CHRISTOPHER STREET ADDRESS 2888 DEER RUN CITY-ST-ZIP TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 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

Date Daytime Phone #

CR2E034 (10/02)