

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098883

1. Entity Name

GARDNER MOTORS, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90018 018 ***150.00

Principal Place of Business

Mailing Address

% B. STERNBERG
8333 W. MCNAB RD. #212
TAMARAC FL 33321

% B. STERNBERG
8333 W. MCNAB RD. #212
TAMARAC FL 33321-3203

2. Principal Place of Business

3. Mailing Address

2090 N. POWERLINE RD.

2090 N. POWERLINE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

4. FEI Number

65-0878783

Applied For

Not Applicable

Zip

Country

Zip

Country

33069

33069

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

FILENGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

Name

GENE GARDNER

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

2090 N. POWERLINE RD

City

POMPANO BEACH

FL

Zip Code

33069

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

Gene Gardner GENE GARDNER

1/27/2000

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, 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 D
NAME GARDNER, GENE
STREET ADDRESS 8333 W. MCNAB RD. #212
CITY-ST-ZIP TAMARAC FL 33321

TITLE
NAME GARDNER, GENE
STREET ADDRESS 2090 N. POWERLINE RD
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Gene Gardner GENE GARDNER

1/27/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)