

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90906 039 ***150.00

DOCUMENT # P98000098883

1. Entity Name

GARDNER MOTORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2090 N. POWERLINE RD

Suite, Apt. #, etc.

POMPANO BEACH FL

City & State

3. Mailing Address

2090 N. POWERLINE RD

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-0878783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

GENE GARDNER

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

2090 N. POWERLINE RD

City

POMPANO BEACH FL

Zip Code

33069

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>D</u>	<u>GARDNER, GENE</u>	
		<u>2090 N. POWERLINE ROAD</u>	
		<u>POMPANO BEACH FL 33069</u>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

Date

Daytime Phone #

CR2E034B (12/01)