

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90181 024 ***150.00

DOCUMENT # P98000101573



1. Entity Name
GAMBLE ANTIQUE MALL INC.

Principal Place of Business
1102 STATE AVE.
HOLLY HILL FL 32117

Mailing Address
1102 STATE AVE.
HOLLY HILL FL 32117

30000667



2. Principal Place of Business
327 RIDGEWOOD AVE.
Suite, Apt. #, etc.

3. Mailing Address
327 RIDGEWOOD AVE
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
HOLLY HILL, FL
Zip 32117
Country USA

City & State
HOLLY HILL, FL
Zip 32117
Country USA

4. FEI Number 59-3544244

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DIXON, ROBERT L
1102 STATE AVE.
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DIXON, ROBERT L 517 CHERRYWOOD DRIVE ORMOND BEACH FL 32174 | <input type="checkbox"/> Delete |
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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:

Robert L. Dixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Pres)

1-16-03
Date

386-258-2889
Daytime Phone #

CR2E034 (10/02)