## 04-07-2000 90025 040 \*\*\*150.00

Apr 07, 2000 8:00 am Secretary of State

**.2000 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P99000023418 1. Entity Name GARNER GROUP, INC. Principal Place of Business Mailing Address 185 STEEPLECHASE CIR. 185 STEEPLECHASE CIR. SANFORD FL 32771-9540 SANFORD FL 32771 TICECOU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3568008 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARNER, GEORGE W Street Address (P.O. Box Number is Not Acceptable) 185 STEEPLECHASE CIR. SANFORD FL 32771 Zip Code City 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. GEORGE W. GARNER FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE NAME GARNER, GEORGE W NAME STREET ADDRESS STREET ADDRESS 185 STEEPLECHASE CIR. CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ☐ Addition ☐ Change Delete TITLE TITLE Garner, Doyce R NAME STREET ADDRESS STREET ADDRESS 185 STEEPLECHASE CIR. CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ☐ Change Addition Delate TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

☐ Delete

3/27/00 407/323-361/

☐ Change

Addition