

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90138 050 ***150.00

DOCUMENT # P99000032312

1. Entity Name
GANT REALTY, INC.



Principal Place of Business
**12653 SW COUNTY ROAD 769
SUITE A
LAKE SUZY FL 34269**

Mailing Address
**12653 SW COUNTY ROAD 769
SUITE A
LAKE SUZY FL 34269**

00003731



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3568184

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**E. DONALD GANT
10058 S.W. GANT ROAD
ARCADIA FL 34266**

Name

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

City

FL Zip Code
34269

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
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **E. DONALD GANT**
STREET ADDRESS **10058 S.W. GANT ROAD**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **V** ☐ Change ☒ Addition
NAME **Steven D. Gant**
STREET ADDRESS **23220 Hartley Avenue**
CITY-ST-ZIP **Port Charlotte, FL 33954**

TITLE **V** ☐ Delete
NAME **GANT, DONA R**
STREET ADDRESS **10058 S.W. GANT ROAD**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Donald Gant* **Donald Gant** 1-6-03 941-613-6616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)