

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90005 046 ***150.00

DOCUMENT # P99000034556

1. Entity Name

VALERIE E. GABRIEL - REAL ESTATE SALES, INC.

Principal Place of Business

4166 CENT. SARASOTA PKWY
#516
SARASOTA FL 34238

Mailing Address

4166 CENT. SARASOTA PKWY
#516
SARASOTA FL 34238

2. Principal Place of Business

5538 Carmona Pl.

Suite, Apt. #, etc.

3. Mailing Address

5538 Carmona Pl.

Suite, Apt. #, etc.

City & State

Sarasota

City & State

Sarasota

4. FEI Number

59-3567864

Applied For

Not Applicable

Zip

34238

Country

US

Zip

34238

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GABRIEL, VALERIE
5926 BERMUDA LANE
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name

Gabriel, Valerie

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

5538 Carmona Place

City

Sarasota

FL

Zip Code

34238

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)

☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **SP** ☐ Delete
NAME **GABRIEL, VALERIE E**
STREET ADDRESS **5926 BERMUDA LANE**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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:

Valerie E. Gabriel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

Daytime Phone #

(941)
924-4821

CR2E034 (9/01)