2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 08, 2002 8:00 am Secretary of State DOCUMENT # P99000102776 1. Entity Name GAZEBO DEPOT, INC. 02-08-2002 90019 020 ***150.00 Principal Place of Business Mailing Address 1710 WEST ATLANTIC AVE 13029 BARWICK ROAD 00020031 **DELRAY BEACH FL 33444 DELRAY BEACH FL 33484** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0965049 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSS, HARRY J ESQ. Street Address (P.O. Box Number is Not Acceptable) 6100 GLADES ROAD **SUITE 211 BOCA RATON FL 33434** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD President ☐ Delete TITLE CR2E034 (9/01) Chance ☐ Addition NAME BARNETT, CYNDI NAME Nelson Jeffneys 13029 Bannick Rd. STREET ADDRESS 13029 BARWICK ROAD STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33484** CITY-ST-7IP Delray Bub. Fb. 33445 Vive Pres. S.T.D ☐ Delete TITLE ☐ Addition NAME **NELSON, JEFFREY S** NAME Bornett Cundi STREET ADDRESS STREET ADDRESS 13029 BARWICK ROAD 3029 Baxui CITY-ST-ZIP CITY-ST-7IP **DELRAY BEACH FL 33484** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

561-243-

FILED