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

## **DOCUMENT #**

P99000102776

1. Entity Name

GAZÉBO DEPOT INC



FILED								
May 02, 2003 8:00 am								
Secretary of State								
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Principal Place of Business	GAZEBO	DCF 01, 1140.		The state of the s							
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City & State  6. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  Name  ROSS, HARRY J ESO. 6100 GLADES ROAD  Surface Address (PO. Box Number's Not Acceptable)  Street Address (PO. Box Number's Not Acceptable)  City  FL  Zip Codd  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept into obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  10. OFFICIENS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  BARNETT, CYNDI  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOW!! FEE IS 3445  OFFICIENS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INE  BARNETT, CYNDI  SIGNATURE  SIGNATURE  SIGNATURE AGENCY	Principal Place of Business     3. Mailing Address					)					
Country Zip Country 5. Certificate of Status Dealered Sp575 Additional Pice Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pice Required  6. Name and Address of New Registered Agent Pice Required  7. Name and Address of New Registered Agent Pice Required  8. The Address ROAD  Streat Address (P.C. Box Number's Not Acceptable)  Streat Address (P.C. Box Number's Num	Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
S. S. Certificate of Status Despited   Fee Required    ROSS, HARRY J ESO.   6100 GLADES ROAD   SUITE 211   BOCA RATON FL. 33434   S. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida. I am familiar with, and sociept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and sociept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and sociept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and sociept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and sociept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and sociept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and sociept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and sociept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and sociept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and sociept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and sociept the obligation of the purpose of changing if registered agent, or both, in the State of Forida. I am familiar with, and society and the obligation of the purpose of changing if registered agent, or both, in the State of Forida. I am familiar with, and society and the obligation of the purpose of changing if registered agent, or both, in the State of Forida. I am familiar with, and society and the obligation of the purpose of changing if registered agent, or both, in the State of Forida. I am familiar with, and society and the obligation of the purpose of changing in registered agent, or both, in the State of Forida. I am familiar with, and society and the obligation of the purpose of changing in registered agen	City & State		City & State		4	4. FEI Number 65-0965049					
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

561-243-2410