

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90067 040 \*\*\*550.00

**DOCUMENT # V53847**

1. Entity Name  
**GAMBILL ENTERPRISES, INC.**



Principal Place of Business  
**3841 NOBLES STREET**  
**PENSACOLA FL 32514**  
**US**

*New ADDRESS*

Mailing Address  
**3841 NOBLES STREET**  
**PENSACOLA FL 32514**

*Same*

2. Principal Place of Business  
**3100 OWEN BELL LN**

3. Mailing Address

Suite, Apt. #, etc. *Same.*

City & State

City & State

4. FEI Number **59-3149135**

Applied For  
Not Applicable

Zip **32507** Country *Escambia*

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

**GAMBILL, CHARLES J.**  
**3841 NOBLES STREET**  
**PENSACOLA FL 32514**

Name

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

City

**FL**

Zip Code

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 *Charles J. Gambill*  
Signature, typed or printed name of registered agent and title if applicable.

*Pres. ??? Nothing is changed but address! 7-10-03*  
(NOTE: Registered Agent signature required when reinstating address.) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 **P** ☐ Delete  
NAME **GAMBILL, CHARLES J**  
STREET ADDRESS **3841 NOBLES ST.** *3100 Owen Bell Ln*  
CITY-ST-ZIP **PENSACOLA FL 32514** *32507*

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

TITLE **T** ☐ Delete  
NAME **GAMBILL, GIRLLEAN R**  
STREET ADDRESS **3841 NOBLES ST.** *3100 Owen Bell Ln*  
CITY-ST-ZIP **PENSACOLA FL 32514** *32507*

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

TITLE **D** ☐ Delete  
NAME **SMITH, DONNA**  
STREET ADDRESS **5815 ST. ADAMNAN ST.**  
CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Charles J. Gambill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-10-03 850-492-4323*  
Date Daytime Phone #

CR2E034 (4/03)