I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

VP

SIGNATURE: JOHN R GABLER

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT	
DOCUMENT# P12000010380	

Entity Name: GABLER BROTHERS, INC.

# **Current Principal Place of Business:**

515 W BAY STREET SUITE 150 TAMPA, FL 33606

### **Current Mailing Address:**

PO BOX 130268 TAMPA, FL 33681 US

## FEI Number: 45-4410816

SIGNATURE: GREG JONES

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

JONES, GREG 302 KNIGHTS RUN 1000 TAMPA, FL 33602 US

Officer/Director Detail :			
Title	PD	Title	VD
Name	GABLER, JAY R	Name	GABLER, JOHN R
Address	515 W BAY STREET SUIT 150	Address	515 W BAY STREET SUITE 150
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

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.

Certificate of Status Desired: No

03/05/2024 Date

FILED Mar 05, 2024 Secretary of State 2668911734CC

> 03/05/2024 Date