

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90074 030 ***150.00

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DOCUMENT # P00000032452

1. Entity Name
GIBBA 51, INC.

Principal Place of Business
**4241 BAYMEADOWS RD., STE. 10
 JACKSONVILLE FL 32217**

Mailing Address
**4241 BAYMEADOWS RD., STE. 10
 JACKSONVILLE FL 32217**

2. Principal Place of Business

3. Mailing Address

P.O. Box 56681

Suite, Apt. #, etc.

Suite, Apt. #, etc.

19

City & State
Jacksonville, FL

4. FEI Number
59-3638493

Applied For
 Not Applicable

Zip Country

Zip Country
32241-6681 USA

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

**APPENFELDER, LORI S
 4241 BAYMEADOWS RD., STE. 10
 JACKSONVILLE FL 32217**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
D
 NAME **APPENFELDER, LORI S**
 STREET ADDRESS **4241 BAYMEADOWS RD., STE. 10**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Suite 19**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 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: Lori S. Appenfelder **LORI S. APPENFELDER** **4-27-01** **904-737-5783**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)