

FILED
Jul 14, 2003 8:00 am
Secretary of State
07-14-2003 90328 003 ***150.00

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

DOCUMENT # P02000041307

1. Entity Name
GILLIS ENTERPRISES INC.



10105050

Principal Place of Business
**1717 BELMOND AVE
EUSTIS, FL 32726**

Mailing Address
**1717 BELMOND AVE
EUSTIS, FL 32726**

2. Principal Place of Business
1717 Belmont Ave

3. Mailing Address
1717 Belmont Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Eustis, Florida

City & State
Eustis, FL

4. FEI Number
02-0589736

Applied For
☐ Not Applicable

Zip **32726** Country
USA

Zip **32726** Country
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

**GILLIS, FRANK
1717 BELMOND AVE
EUSTIS, FL 32726**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee Will be \$550.00
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

TITLE **PD** ☒ Delete
NAME **GILLIS, FRANK**
STREET ADDRESS **1717 BELMOND AVE**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **VD** ☒ Delete
NAME **GILLIS, KAREN**
STREET ADDRESS **1717 BELMOND AVE**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/Director** ☒ Change ☐ Addition
NAME **Gillis, Frank**
STREET ADDRESS **1717 Belmont Ave**
CITY-ST-ZIP **Eustis, FL 32726**

TITLE **Vice Pres/Director** ☒ Change ☐ Addition
NAME **Gillis, Karen**
STREET ADDRESS **1717 Belmont Ave**
CITY-ST-ZIP **Eustis, FL 32726**

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

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

TITLE ☐ Change ☐ Addition
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)(f), 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: *Frank Gillis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-03

352-669-4547

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

TRANSMITTAL LETTER

Corp. Annual Reports & Reinstatements
Division of Corporations
P O BOX 6327
Tallahassee, FL 32314

10109896
PO2000041307

SUBJECT: GILLIS ENTERPRISES, INC

Dear Sir or Madam:

Please find enclosed for filing the current year Uniform Business Report. Enclosed is a check in the amount of \$ 150.00 made payable to: Florida Department of State for the filing fee. The original form was never mailed or received. Please do not charge a late filing fee.

Yours Sincerely,

Karen Gillis

Please return to: GILLIS ENTERPRISES, INC
1717 BELMONT AVENUE
EUSTIS, FLORIDA 32726

NOTE: THE ADDRESS WAS INCORRECT AS STATED ON THE UBR 2003.