2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

S24179 DOCUMENT

I. Entity Name GILBERT & SON CONSTRUCTION, INC.									02-05-2003 9	90117 ()28 ***150	0.00
Principal Place of Business 12002 RHODINE ROAD RIVERVIEW FL 33569			Mailing Address 12002 RHODINE ROAD RIVERVIEW FL 33569									
2. Principal Place of Business			3. Mailing Address						\$ 	111 111 11 111] 	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						CHECK HERE IF	MAKING	CHANGES	
City & State			City & State					4. F	59-3052081		Not	Applicable
Zip Country		Zip ·		Coun	Country			ertificate of Status Desired	<u> </u>	\$8.75 Addi Fee Required		
	6. Nam	e and Address of Current	Registere	d Agent				7. N	ame and Address of New Reg	istered A	gent	
						Name						
GILBERT, S						Street Address (P.O. Box Number is Not Acceptable)						
12002 RHC												
RIVERVIEW	FL 3356	9				City				FL	Zip Code	
8. The above	named ent	ity submits this statement f	or the purp	ose of changing its	register	ed office or	registered	d age	nt, or both, in the State of Florid	da. I am f	amiliar with,	and accept
the obligati	ons of reg	stered agent.										
SIGNATURE .	*								estation)	DATE		
	Signature, type	d or printed name of registered ager	t and title if app	olicable. (NOTE	: Registere	ed Agent signatur	e required w	nen rei	nstating)	1.	·	
After	May 1, 20	!!! FEE IS \$150.00 003 Fee will be \$550.00) _ , .	and the contract	ar gar.	1. 94 18 3 9	p 194,8	. ""	9. Election Campaign Final Trust Fund Contribution!			May Be to Fees
Make Check	Payable	to Florida Department	of State								DIDECTOR	N. 1.1
10.		OFFICERS ANI	DIRECTO	DRS	11.	·		AD	DITIONS/CHANGES,TO,OFFIC			
TITLE NAME STREET AOORESS		, SPENCER J., III HODINE RD		☐ Delete	TITL NAM STR	1			સફ્ <u>તુ</u> ન ૧ ક		Chánge .	Audition
CITY-ST-ZIP		EW FL 33569			CIT	Y-ST-ZIP						
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

URESTRED

FILED

Feb 05, 2003 8:00 am Secretary of State