

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

**DOCUMENT # 002086**

**1. Entity Name  
GLEASON BROTHERS AND COMPANY**



**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90147 001 \*\*\*150.00

0128925 AV

**Principal Place of Business  
1300 PINETREE DR.  
STE. 13  
INDIAN HARBOUR BEACH FL 32937**

**Mailing Address  
GEORGE G. HELLIER  
P.O. BOX 361546  
MELBOURNE FL 32936-1546**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-6075200**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KRASNY, MIKE  
304 S. HARBOR CITY BLVD.  
SUITE 201  
MELBOURNE FL 32901**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** SD ☐ Delete  
**NAME** TRAVIS, MARY N  
**STREET ADDRESS** 2815 S. ATLANTIC AVE. #603  
**CITY-ST-ZIP** COCOA BEACH FL

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

**TITLE** PD ☐ Delete  
**NAME** HELLIER, GEORGE G.  
**STREET ADDRESS** 420 CAMELIA TR  
**CITY-ST-ZIP** ST. AUGUSTING FL

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

**TITLE** D ☐ Delete  
**NAME** GORDON, ROBERT  
**STREET ADDRESS** 635 41ST AVE  
**CITY-ST-ZIP** SAINT PETERSBURG FL 33703

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

**TITLE** T ☐ Delete  
**NAME** GLEASON, LARIE L  
**STREET ADDRESS** 532 ANDROS LANE  
**CITY-ST-ZIP** INDIAN HARBOUR BEACH FL 32937

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

**TITLE** D ☐ Delete  
**NAME** O'MALLEY, CATHERINE  
**STREET ADDRESS** 6713 GILLEN  
**CITY-ST-ZIP** METAIRIE LA 70003

**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:** *Larrie L Gleason*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/03**

Date

**321-773-7857**

Daytime Phone #

CR2E034 (10/02)