3/2

FILED
Apr 28, 2002 8:00 am
Secretary of State
03-25-2002 90056 030 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 312802

1. Entity Name
WILLIAM H. GILMORE, INC.

Principal Place of Business	Mailing Address
CLEARWATER BEACH MARINA RT. 60 P.O. BOX 3008 CLEARWATER FL 33767	CLEARWATER BEACH MARINA RT. 60 P.O. BOX 3008 CLEARWATER FL 33767

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Clearwater Municipal Marina			
Suite, Apt. #, etc.: 25 Causeway Blvd.Slip51		Suite, Apt. #, etc.: P.O. Box 3008	
City & State: Clearwater, FL		City & State: Clearwater, FL	
Zip: 33767	Country: USA	Zip: 33767	Country: USA

4. FEI Number 59-1165295 ☐ Applied For ☐ Not Applicable

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
HAGGERT, SANDY CLEARWATER BEACH MARINA P.O. BOX 3008 CLEARWATER BEACH FL 34630	Name: HAGGERT, SANFORD A. Street Address (P.O. Box Number is Not Acceptable): P.O. Box 3008 25 Causeway Blvd. Slip #51 City: Clearwater FL Zip Code 33767

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 [signature] Sanford A. Haggert, President 02/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HAGGERT, ROSE A 1559 S EVERGREEN AVE CLEARWATER FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAGGERT, SANDY 1559 S EVERGREEN AVE CLEARWATER FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Haggert, Sanford A. 1559 S. Evergreen Ave. Clearwater, FL 33756	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: [signature] Sanford A. Haggert,Pres. 02/12/02 (727)4461653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #