

DOCUMENT # 365174

1. Entity Name

C.J. GILLIES INC.**FILED**
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90057 042 ***158.75

Principal Place of Business

278 TOMOKA AVE.
ORMOND BEACH FL 32175
US

Mailing Address

PO BOX 3066
DELRAY BEACH FL 33447
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1320075

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILLIES, CHARLES J.
932 GARDENIA DRIVE
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

GILLIES CHARLES J

Street Address (P.O. Box Number is Not Acceptable)

5568 N. OCEAN BLVD

City

OCEAN RIDGE**FL**

Zip Code

33435

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

Charles J. Gillies President

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

(NOTE: Registered Agent signature required when reinstating)

7/1/2001

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GILLIES, CHARLES J	
STREET ADDRESS	140 MARINA BAY DR 5568 N OCEAN BLVD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL OCEAN RIDGE FL 33435	
TITLE	STV	<input type="checkbox"/> Delete
NAME	RYAN, MAUREEN P	
STREET ADDRESS	800 LAMBERT AVE.	
CITY-ST-ZIP	FLAGLER BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RYAN, MAUREEN P	
STREET ADDRESS	800 LAMBERT AVENUE	
CITY-ST-ZIP	FLAGLER BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RYAN, SHANNON B	
STREET ADDRESS	800 LAMBERT	
CITY-ST-ZIP	FLAGLER BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Charles J. Gillies PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**7/1/2001**
Date**561-140-3117**
Daytime Phone #

CR2E034 (10/00)