

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90030 037 ***158.75

DOCUMENT # 365174

1. Entity Name

C.J. GILLIES INC.

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

23 ROYAL PALM WAY #14

3. Mailing Address

P.O. Box 1949

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number

59-1320075

Applied For

Not Applicable

Zip

33432

Country

U.S.A

Zip

33429

Country

U.S.A

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GILLIES, CHARLES J.
 5568 N OCEAN BLVD
 OCEAN RIDGE FL 33435**

7. Name and Address of New Registered Agent

Name **GILLIES, CHARLES J**

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

23 ROYAL PALM WAY #14

City **BOCA RATON**

FL

Zip Code
33432

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.

CHARLES J GILLIES PRESIDENT

SIGNATURE **Charles J Gillies PRES**

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

TITLE **P** ☐ Delete
 NAME **GILLIES, CHARLES J**
 STREET ADDRESS **5568 N OCEAN BLVD**
 CITY-ST-ZIP **OCEAN RIDGE FL 33435**

TITLE **STV** ☐ Delete
 NAME **RYAN, MAUREEN P**
 STREET ADDRESS **800 LAMBERT AVE.**
 CITY-ST-ZIP **FLAGLER BCH FL**

TITLE **V** ☐ Delete
 NAME **RYAN, MAUREEN P**
 STREET ADDRESS **800 LAMBERT AVENUE**
 CITY-ST-ZIP **FLAGLER BEACH FL**

TITLE **V** ☐ Delete
 NAME **RYAN, SHANNON B**
 STREET ADDRESS **800 LAMBERT**
 CITY-ST-ZIP **FLAGLER BCH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **23 ROYAL PALM WAY #14**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

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

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

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TITLE ☐ Change ☐ 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 PRESIDENT

1/9/2002

561-417-4756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)