

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90315 021 ***150.00

DOCUMENT # 492634

1. Entity Name

GATTIS, HALLOWES & CARPENTER, PROFESSIONAL ASSOC

Principal Place of Business

**130 HILLCREST STREET
 ORLANDO FL 32802**

Mailing Address

**P. O. BOX 3109
 ORLANDO FL 32802**

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 **59-1633369**

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

**GATTIS, DONALD L
 130 HILLCREST STREET
 ORLANDO FL 32801**

Name

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

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title (copied below)

(NOTE: Registered Agent signed in presence of notary public)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD GATTIS, D.L., JR. 24129 WOLF BRANCH RD. SORRENTO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD CARPENTER, D. F 825 SEVILLE PLACE ORLANDO FL 32804	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD HALLOWES, W. B., JR. 105 MAGNOLIA LAKE DR LONGWOOD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CARPENTER, D. F. 825 SEVILLE PLACE ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald L. GATTIS, JR.

4/20/01 407/843-8470

CR2E034 (10/00)