

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90035 002 ***150.00

0514871

DOCUMENT # 505307

1. Entity Name

A. P. GIBBS, P.A.

Principal Place of Business

37911 HEATHER PLACE
 DADE CITY FL 33525-3826
 US

Mailing Address

P O BOX 618
 DADE CITY FL 33525-3826
 US

2. Principal Place of Business

3. Mailing Address

37937 Heather Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dade City, FL

Zip

Country

Zip

Country

33525

USA

4. FEI Number 59-1677889

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

GIBBS, A P
 37911 HEATHER PLACE
 DADE CITY FL 34297-0618

Name

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

37937 Heather Place

City

Dade City

FL

Zip Code

33525

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 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, 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 S ☐ Delete
 NAME GIBBS, A P
 STREET ADDRESS 37911 HEATHER PLACE
 CITY-ST-ZIP DADE CITY FL

TITLE ☒ Change ☐ Addition
 NAME 37937 Heather Place
 STREET ADDRESS Dade City, FL 33525
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

352-567-8545

Daytime Phone #

CR2E034 (10/00)