

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 697468

1. Entity Name

R.J. GIBSON, INC.

Principal Place of Business

11911 US 1
STE 206
N. PALM BEACH FL 33408
US

Mailing Address

11911 US 1
STE 206
NORTH PALM BEACH FL 33408
US

2. Principal Place of Business

658 W Indian town Rd

Suite, Apt. #, etc.

Ste 209

City & State

Jupiter FL

Zip

33458 FL

Country

USA

3. Mailing Address

658 W Indian town Rd

Suite, Apt. #, etc.

Ste 209

City & State

Jupiter FL

Zip

33458

Country

USA

6. Name and Address of Current Registered Agent

GIBSON, ROBERT J
5 BAYVIEW CT
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name

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

City

FL

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirements 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 NAME STREET ADDRESS CITY-ST-ZIP	PDS GIBSON, ROBERT JOHN 5 BAYVIEW CT TEQUESTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIBSON, LOIS ANN 1116 COUNTRY CLUB DR N PALM BCH., FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIBSON, ROBERT GEORGE 1116 COUNTRY CLUB DR N PALM BCH., FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90322 047 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)