2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 842681							i n		
THE GULLEDGE INVESTMENT COMPANY									
Principal Observations					-	00 MAR 15 AM IO: 13			
Principal Place of Business Mailing Address 8897-MANSION FARM PLACE 8897-MANSION FARM PLACE						SECRETARY OF S	TATE		
ALEXANDRIA-VA 22300 (216						TALLAHASSEE, FI	81008 8	}	
1103 Lexington Pantehn. Same							ALAN ENED ALAN	, Digiji gjeli 1251	
2. Principal Place of Business 1/03 Loxing Ton Point of									
Suite, Apt. #, etc. Suite, Apt. #, etc.					1	DO NOT WRITE IN TH	HIS SPACE		
91y & State HD2X, N.C.					4.	FEI Number 59-1012646	F	Applied For Not Applicable	
)			Count	try	5. Certificate of Status Desired S8.75 Additional Fee Required			Additional	
	6. Name and Address of Current F	Registered Agent		•	7. 1	Name and Address of New Register			
ANSBACHER & SCHNEIDER, P.A.					Name				
ANS 4215	Street Address (P.O. Box Number is Not Acceptable)								
STE									
JACKSONVILLE FL 32216			City		-	EL Zip C	ode		
8. The above	named entity submits this statement for	the purpose of changing its r	egistere	ed office or register	ed ag	ent, or both, in the State of Florida.			
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered	Agent signature required	when re	eristating) DA	Œ		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$5						10. Election Campaign Financing	_ \$5	.00 May Be	
	ria on back)	Make Check Payabl			te	Trust Fund Contribution.	☐ Add	ted to Fees	
11.	OFFICERS AND D		12.		AC	DOITIONS/CHANGES TO OFFICERS A			
TITLE ,	CPDS GULLEDGE, EUGENE A	☐ Delete	TITLE			•	Chang	_ 6	
STREET ADORESS CITY-ST-ZIP	8897 MANSION FARM PLACE	103 Lexington Riv	STREE	ET ADORESS ST-ZIP		7000031 -03/22/0	806:	37	
TITLE	VPTD		TITLE			*****120		** [**]	
NAME	GULLEDGE, KEITH A 8997-MANSION FARM PLACE 11172 Lexing ton Print STREET								
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indicated	certify that the information supplied with to on this report or supplemental report is to operation or the receiver or trustee empore	rue and accurate and that my	signatı.	ire shall have the :	same l	legal effect as if made under oath; tha	t I am an offic	er or director	
	poration or the receiver or trustee empoy, or on an attachment with an address, wi		o recjuire	su by Unapter 607	, -,0110	оа окашев, апо напту пате арреа	IS IIT DIOCK TT	OF BIOCH 12 III	
SIGNAT	URE: SIGNATURE AND TYPED OR THE	Tulelge T	E 49	eno A-G	تال	odge] 1/21/00 919-	367 - 9 Deyume Phone	400	
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