

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90254 029 \*\*\*150.00

**DOCUMENT # F00000004797**

1. Entity Name  
**ROBERT C. GIBSON & ASSOCIATES, P.A.**

Principal Place of Business  
**3900 ATLANTIC BLVD.  
 JACKSONVILLE FL 32207**

Mailing Address  
**100 A WHARFSIDE WAY  
 JACKSONVILLE FL 32207**

2. Principal Place of Business  
**1576 Owl Hollow Lane**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1576 Owl Hollow Lane**  
 Suite, Apt. #, etc.

City & State  
**JAX, FL**  
 Zip  
**32223**

Country  
**USA**

City & State  
**JAX, FL**  
 Zip  
**32223**

Country  
**USA**

4. FEI Number **23-2611049**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**GIBSON, ROBERT  
 100 A WHARFSIDE WAY  
 JACKSONVILLE FL 32207**

## 7. Name and Address of New Registered Agent

Name **Robert Gibson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1576 Owl Hollow Lane**  
 City **JAX** FL Zip Code **32223**

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 **Robert Gibson**  
 Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/29/02**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GIBSON, ROBERT C</b>	
STREET ADDRESS	<b>100 A WHARFSIDE WAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1576 Owl Hollow Lane</b>	
STREET ADDRESS	<b>JAX, FL 32223</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert Gibson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/29/02**

Daytime Phone # **(904) 472-7006**

CR2E034 (9/01)