

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # F89935**1. Entity Name
HARRY GILLEAN, INC.**Principal Place of Business**

308 HIGHWAY 19 SOUTH

PALATKA
32177

FL

Mailing Address

308 HIGHWAY 19 SOUTH

PALATKA
32177

FL

2. Principal Place of Business

308 SOUTH STATE ROAD 19

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALATKA

FL

City & StateZip
32177

Country

Zip
32177

Country

4. FEI Number**59-2213279**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**SAFER, ELIOT J**
4925 BEACH BLVD**JACKSONVILLE**
32207

FL

7. Name and Address of New Registered Agent**Name****SAFER, ELIOT J****Street Address (P.O. Box Number is Not Acceptable)****10110 SAN JOSE BLVD****City****JACKSONVILLE****FL**Zip Code
32257

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)

03/28/2001

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**

TITLE	V	<input type="checkbox"/> Delete
NAME	GILLEAN CLAY	
STREET ADDRESS	13510 KNOTAH RD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GILLEAN, HARRY	
STREET ADDRESS	347 WEST RIVER RD	
CITY-ST-ZIP	PALATKA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GILLEAN, ANDREA	
STREET ADDRESS	347 WEST RIVER RD	
CITY-ST-ZIP	PALATKA FL	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLEAN CLAY	
STREET ADDRESS	12510 KNOTAH RD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
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: HARRY GILLEAN

PD

03/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)