2000 UNIFORM BUSINESS REPORT (UBR) **FILED** OCUMENT # F9300000953 Jul 10, 2000 8:00 am **Secretary of State** GILMAN & CIOCIA, INC. 06-20-2000 90001 011 ***150.00 morpal Place of Business Mailing Address MAMARONECK AVE. 1311 MAMARONECK AVE. **SUITE 130** _ PLAINS NY 10605 WHITE PLAINS NY 10605-5202 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 11-2587324 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILBERT, STEVE Street Address (P.O. Box Number is Not Acceptable) 2420 ENTERPRISE ROAD SUITE 100 **CLEARWATER FL 33763** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Department of State Trust Fund Contribution. (See criteria on back) Added to Fees OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD Delete TITLE CR2E034 (9/99) Change Addition CIOCIA, JAMES NAME 475 NORTHERN BLVD STREET ADDRESS ST-ZIP GREAT NECK NY 11021 CITY-ST-ZIP Delete ☐ Addition TRAVIS, KATHRYN NAME 475 NORTHERN BLVD STREET ADDRESS **GREAT NECK NY 11021** CITY-ST-ZIP ٧D ☐ Delete TITLE ☐ Change ☐ Addition **POVINELLI, THOMAS** NAME 475 NORTHERN BLVD STREET ADDRESS ST ZIP GREAT NECK NY 11021 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME ADDDECC STREET ADDRESS ST-ZIP CITY-ST-21P Delete TITLE Change ☐ Addition NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME

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 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 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 the corporation of the receiver or trustee empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/2000

914 397-4829

Daytime Phone #



Avenue | | June 29, 2000

White Plains, NY, 10605

Division of Corporations P.O. Box 6327 | | | | Tallahassee, FL 32314

914.397.GTAX

877.421 GTAX

Subject: GILMAN & CIOCIA, INC

Reference: F93000000953

fax 914.997.5091

Yesterday we received a copy of our 2000 Uniform Business Report (UBR) from your office informing us we would owe a \$400.00 late fee unless a corrected report is sent within 30 days of your letter. Nothing was referenced in regards to the items that were incorrect on the Report. In addition, only a copy of the first page was sent back and I did not have a full copy of this year's instructions! I looked at last year's instructions for the Report, which was slightly different from this year's Report. I then determined that item eight should have been blank since there was not any changes and an officer listed in item eleven should sign item thirteen. I hope that this is what you needed to file this. If you need further corrections, please let me know. Gilman & Ciocia has been understaffed for quite a long time and I just started one week ago, so going forward, things should be done on a more timely and accurate basis.

Jim Chochrek