

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90220 036 \*\*\*158.75

**DOCUMENT # F96000005858**  
**1. Entity Name**  
**GIBRALTAR DESIGN, INC., ARCHITECTS & ENGINEERS**

**Principal Place of Business**  
9102 N MERIDIAN ST #300  
INDIANAPOLIS IN 46260

**Mailing Address**  
9102 N MERIDIAN ST #300  
INDIANAPOLIS IN 46260

404527



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** 35-1988387  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
HILLARY, DAVID L JR  
322 MOODY BLVD  
FLAGLER BEACH FL 32136

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Town Center 2 Office Building  
475 West Town ~~Center~~ Place, Suite 100  
City St. Augustine FL Zip Code 32092

**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** *David L. Hillary, Jr.* **1-9-02**  
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 requirement and elects to do so.** ☒ **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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	DT	<input type="checkbox"/> Delete
NAME	HILLARY, DAVID L JR	
STREET ADDRESS	9102 N MERIDIAN ST #300	
CITY-ST-ZIP	INDIANAPOLIS IN 46260	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENNESSEY, JOHN	
STREET ADDRESS	3815 RIVER CROSSING PKWY #350	
CITY-ST-ZIP	INDIANAPOLIS IN 46260	
TITLE	DC	<input type="checkbox"/> Delete
NAME	EVANS, H. DEAN	
STREET ADDRESS	9102 N. MERIDIAN ST #300	
CITY-ST-ZIP	INDIANAPOLIS IN 46260	
TITLE	DP	<input type="checkbox"/> Delete
NAME	THOMPSON, JAMES	
STREET ADDRESS	323 MOODY BLVD	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAMMER, JAY A	
STREET ADDRESS	3815 RIVER CROSSING PKWY #350	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	S	<input type="checkbox"/> Delete
NAME	TODD, HARRY	
STREET ADDRESS	3815 RIVER CROSSING PKWY #350	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	

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

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	
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:** *David L. Hillary, Jr.* **1-9-02** **317-580-5777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)