

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90046 044 ***150.00

0298436 AV

DOCUMENT # F97000004004 1. Entity Name GAYLE/AND ASSOCIATES INCORPORATED																																																																							
Principal Place of Business 20220 SW 79 AVE. MIAMI FL 33189		Mailing Address 20220 SW 79 AVE. MIAMI FL 33189																																																																					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 12311 KENSINGTON LKS Suite, Apt. #, etc. DRIVE, # 2206 City & State JACKSONVILLE FL Zip 32246																																																																					
4. FEI Number 65-0488675		Applied For <input type="checkbox"/> Not Applicable																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																					
6. Name and Address of Current Registered Agent GAYLE, DENNIS J DR 20220 SW 79 AVE. MIAMI FL 33189		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																					
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																																																																							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 25%;">TITLE</td> <td style="width: 75%;">NAME</td> <td style="width: 25%;">TITLE</td> <td style="width: 75%;">NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	NAME	TITLE	NAME		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																					
TITLE	NAME	TITLE	NAME																																																																				
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																				
STREET ADDRESS		STREET ADDRESS																																																																					
CITY-ST-ZIP		CITY-ST-ZIP																																																																					
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																				
STREET ADDRESS		STREET ADDRESS																																																																					
CITY-ST-ZIP		CITY-ST-ZIP																																																																					
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																				
STREET ADDRESS		STREET ADDRESS																																																																					
CITY-ST-ZIP		CITY-ST-ZIP																																																																					
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																				
STREET ADDRESS		STREET ADDRESS																																																																					
CITY-ST-ZIP		CITY-ST-ZIP																																																																					
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																				
STREET ADDRESS		STREET ADDRESS																																																																					
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)

3-29-2002 (904) 220 6961