

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G49731**

1. Entity Name

GILSON INVESTMENTS, INC.**FILED**
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90025 031 ***150.00

Principal Place of Business

Mailing Address

6701 S.W. 120 ST.
6701 SW 120TH STREET
MIAMI FL 33156
US6701 S.W. 120 ST.
6701 SW 120TH STREET
MIAMI FL 33156-5453
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2303137

Applied For

Not Applicab

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

6. Name and Address of Current Registered Agent

**GILSON, GLEN W., II
6701 SW 120TH STREET
MIAMI FL 33156**

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

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.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 **T** ☐ Delete
NAME **GILSON, GLEN W., II**
STREET ADDRESS **6701 SW 120TH ST.**
CITY-ST-ZIP **MIAMI FL**TITLE **DP** ☐ Delete
NAME **GILSON, EDITH ANN**
STREET ADDRESS **6701 S W 120TH ST**
CITY-ST-ZIP **MIAMI, FL 00000 FL 33156**TITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Additi
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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 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 #

C0023920

DO NOT WRITE IN THIS SPACE

2-16-00