

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90252 001 ***450.00

DOCUMENT # J23351 ✓
1. Entity Name
 BOSEK, GIBSON AND ASSOCIATES, INC.
 Principal Place of Business Mailing Address

14296

2. Principal Place of Business
 c/o D. E. SCHWARTZ
 Suite, Apt. #, etc.
 702 N FRANKLIN ST
 City & State
 TAMPA FL
 Zip
 33602-4429
 Country
 US

3. Mailing Address
 c/o D. E. SCHWARTZ
 Suite, Apt. #, etc.
 P.O. BOX 111
 City & State
 TAMPA FL
 Zip
 33601-0111
 Country
 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 MCDEVITT, S. M.
 702 N FRANKLIN ST
 TAMPA FL 33602

4. FEI Number
 59-2744498
 Applied For
 Not Applicable

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

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) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANTRELL, W. N. 702 N FRANKLIN ST TAMPA FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILLETTE, G. L. 702 N FRANKLIN ST TAMPA FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *D.E. Schwartz* **D.E. Schwartz** **4/27/00** **813-228-1808**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)