

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90163 028 ***150.00

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DOCUMENT # L09440

1. Entity Name
GILLIS & ASSOC., INC.

Principal Place of Business
4785 PINE TREE DRIVE
BOYNTON BEACH FL 33436
US

Mailing Address
4785 PINE TREE DRIVE
BOYNTON BEACH FL 33436
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0138784		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GILLIS JAMES R 4785 PINE TREE DRIVE BOYNTON BEACH FL 33436		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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIS, JAMES 4785 PINE TREE DRIVE BOYNTON BEACH FL 33436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED** *7/30/02* *061-684-9566*

CR2E034 (4/02)

Attachment # 109440

123273

Cochrane & Co.

Certified Public Accountants

2801 Exchange Court
West Palm Beach, FL 33409

Telephone (561) 684-9566
Fax (561) 687-3528

July 30, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Gillis & Associates., Inc.

Gentlemen:

Enclosed please find the above referenced corporation's 2002 Uniform Business Report for 2002 and a check in the amount of \$150.00.

The corporation recently received a second notice requesting payment for this report in the amount of \$550.00. The corporation never received a first notice for this report. They have been a client of ours for more than 10 years and consistently pay all of their bills on time including this report. We are requesting abatement of penalties and acceptance of this payment for \$150 based on their payment history.

Thank you for your consideration in this matter.

Sincerely yours,

COCHRANE & CO., P.A.



Reynolds J. Cochrane, C.P.A., P.F.S.

Enclosures