

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90065 025 ***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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O Cochrane & Co., P.A.

Suite, Apt. #, etc.

2801 Exchange Court

City & State

West Palm Beach, FL

Zip

33409

Country

USA

4. FEI Number

65-0138784

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GILLIS JAMES R

4785 PINE TREE DRIVE

BOYNTON BEACH FL 33436

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. 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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GILLIS, JAMES**
STREET ADDRESS **4785 PINE TREE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on the attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

attachment 80134676

Cochrane & Co.

Certified Public Accountants

2801 Exchange Court
West Palm Beach, FL 33409

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

July 22, 2003

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

Re: Gillis & Associates, Inc.
Document #L09440

Gentlemen:

Enclosed please find the above referenced corporation's 2003 Uniform Business Report and a check in the amount of \$150.00 for the annual renewal.

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 \$150.00 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.

/dj
Enclosures