

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L28550

1. Entity Name

GORILLA SYSTEMS CORPORATION

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90013 021 ***150.00

Principal Place of Business Mailing Address
%JOHNATHAN O'NEILL BROWNE
~~4025 TAMPA RD SUITE 1101~~
OLDSMAR FL 34677
4025 Tampa Rd #2000
%JOHNATHAN O'NEILL BROWNE
~~4025 TAMPA RD SUITE 1101~~
OLDSMAR FL 34677-3216
4023 Tampa Rd #2000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2977152

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWNE, JOHNATHAN O'NEILL
~~4025 TAMPA ROAD #1101~~ 4023 Tampa Rd #2000
OLDSMAR FL 34677

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

2/4/00

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 PD
NAME BROWNE JOHNATHAN O'NEILL
STREET ADDRESS ~~4025 TAMPA RD #1101~~
CITY-ST-ZIP OLDSMAR FL

TITLE
NAME
STREET ADDRESS 4023 Tampa Rd #2000
CITY-ST-ZIP

TITLE VP
NAME BROWNE, WARREN G JR
STREET ADDRESS ~~4025 TAMPA RD #1101~~
CITY-ST-ZIP OLDSMAR FL

TITLE
NAME
STREET ADDRESS 4023 Tampa Rd #2000
CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/00 (813) 855-7294

CR2E034 (9/99)