

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40716

1. Entity Name
GILLIARD SPREADER SERVICE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90343 037 ***150.00

Principal Place of Business
P.O. BOX 1952
ZOLFO SPRINGS FL 33890
US

Mailing Address
P.O. BOX 1952
ZOLFO SPRINGS FL 33890
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0163191**

Applied For
Not Applicable

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

GILLIARD, JOY A
MERLE LANGFORD ROAD
P.O. BOX 1952
ZOLFO SPRINGS FL 33890

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Joy Gilliard *Sec. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100*

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

(NOTE: Registered Agent's signature required when reinstating)

4-15-01
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, 2001 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	<input type="checkbox"/> Delete
NAME	GILLIARD, GERALD L.	
STREET ADDRESS	P.O. BOX 1952 N/A	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	GILLIARD, JOY A.	
STREET ADDRESS	P.O. BOX 1952 N/A	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILLIARD, BRENT L.	
STREET ADDRESS	P.O. BOX 1952 NA	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILLIARD, WILLIAM B.	
STREET ADDRESS	P.O. BOX 1952 N/A	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

Joy Gilliard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01
Date

863-935-0490
Daytime Phone #

CR2E034 (10/00)