

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90706 048 \*\*\*150.00

0021292 AV

**DOCUMENT # L90375**

1. Entity Name  
**GULLETT TITLE, INC.**



Principal Place of Business  
**415 ST. JOHNS AVE  
PALATKA FL 32177  
US**

Mailing Address  
**415 ST JOHNS AVENUE  
PALATKA FL 32177  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3019844** 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**

**GULLETT, JASON H  
415 ST JOHNS AVE  
PALATKA FL 32177**

**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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 <b>P</b>	NAME <b>GULLETT, JASON, H</b>	STREET ADDRESS <b>110 N BARTRAM TRAIL</b>	CITY-ST-ZIP <b>SAN MATEO FL</b>	<input type="checkbox"/> Delete
TITLE <b>VS</b>	NAME <b>GULLETT, KIM, K</b>	STREET ADDRESS <b>110 N BARTRAM TRAIL</b>	CITY-ST-ZIP <b>SAN MATEO FL</b>	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>P</b>	NAME <b>GULLETT, JASON H</b>	STREET ADDRESS <b>415 St Johns Ave</b>	CITY-ST-ZIP <b>Palatka FL 32177</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b>	NAME <b>GULLETT, KIM K</b>	STREET ADDRESS <b>101 Stephanie Street</b>	CITY-ST-ZIP <b>Palatka, FL 32177</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b>	NAME <b>AMY GULLETT</b>	STREET ADDRESS <b>138 Timber Lane South</b>	CITY-ST-ZIP <b>PALATKA, FL 32177</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

Date: **21 Apr 03** Daytime Phone #: **386 328 5106**

CR2E034 (10/02)