**FILED** 

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

## M80088

Jan 13, 2003 8:00 am Secretary of State DOCUMENT # 1. Entity Name 01-13-2003 90840 012 \*\*\*150.00 GILBERT INVESTMENT CORPORATION Principal Place of Business Mailing Address 3708 MUIRFIELD DR. 3708 MUIRFIELD DR. TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2887930 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILBERT, MATTHEW H. Street Address (P.O. Box Number is Not Acceptable) 1714 MAHAN CENTER BLVD TALLAHASSEE FL 32308 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. 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 reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/02) ☐ Addition Change GILBERT, M. HARVEY NAME NAME STREET ADDRESS 3708 MUIRFIELD DRIVE STREET ADDRESS TITUSVILLE FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition Gilbert, Matthew H. NAME NAME STREET ADDRESS P. O. BOX 666 N/A STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP CITY-ST-ZIP DST ☐ Delete TITLE ☐ Change ☐ Addition GILBERT, DOROTHY J. NAME 3708 MUIRFILED DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF TITUSVILLE FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition ADAMS, MARY GILBERT NAME NAME 2469 S WASHINGTON AVE C207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP

CITY-ST-ZIP 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

GILBERT, MICHAEL H.

**MERRITT ISLAND FL 32953** 

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