

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000000854**

1. Entity Name

GILLETT MINISTRIES, INC.

Principal Place of Business

**6103 121ST AVE.EAST
PARRISH FL 34219**

Mailing Address

**6103 121ST AVE.EAST
PARRISH FL 34219**

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

65-1015244

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

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

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete**PTD
GILLETT, VELMA
6103 121ST AVE.EAST
PARRISH FL 34219**TITLE ☐ Change ☐ AdditionTITLE ☐ Delete**SD
GILLETT, BUD
6103 121ST AVE.EAST
PARRISH FL 34219**TITLE ☐ Change ☐ AdditionTITLE ☐ Delete**D
GOOLSBY, TINA
1915 68TH DRIVE EAST
ELLENTON FL 34222**TITLE ☐ Change ☐ AdditionTITLE ☐ DeleteNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionTITLE ☐ DeleteNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionTITLE ☐ DeleteNAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Change ☐ 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 supplement 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 617, 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:

VELMA GILLETTE REQUIRED**FILED
Sep 13, 2001 8:00 am
Secretary of State**

04-09-2001 90006 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

9/14/01

941-776-2051

1:063100272: 000000567201# 1103 0000000825

15-2-13