

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006565

1. Entity Name

GIBSON TRUST, INC.

Principal Place of Business

Mailing Address

4081 N FEDERAL HWY  
SUITE 120  
POMPANO BEACH FL 33064

4081 N. FEDERAL HWY.  
SUITE 110A  
POMPANO BEACH FL 33064

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

65-0876498

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

SETTERLUND, TIMOTHY  
4081 N FEDERAL HWY  
SUITE 120  
POMPANO BEACH FL 33064

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

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 D ☐ Delete  
NAME O'TOOLE, PATRICK J  
STREET ADDRESS 4081 N FEDERAL HWY STE 120  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME O, DONNA C  
STREET ADDRESS 4081 N FEDERAL HWY STE 120  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☒ Change ☐ Addition  
NAME Director  
STREET ADDRESS O'Toole, Donna Canty  
CITY-ST-ZIP 4081 North Federal Hwy. Suite 120

TITLE D ☒ Delete  
NAME CHAMBERS, CHERYL  
STREET ADDRESS 4081 N. FEDERAL HWY, STE 120  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Change ☒ Addition  
NAME ALLEN, MARTHA  
STREET ADDRESS 332 Wood Hollow Court  
CITY-ST-ZIP Marietta, GA 30067

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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: Donna Canty O'Toole, Director

954-788-2881

FILED  
May 19, 2002 8:00 am  
Secretary of State

05-19-2002 90162 028 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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