

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000560

1. Entity Name

ROBERT E. GIBSON, CPA, P.A.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90081 006 ***150.00

Principal Place of Business

401 WEST SEMINOLE BOULEVARD
SUITE 152
SANFORD FL 32771

Mailing Address

401 WEST SEMINOLE BOULEVARD
SUITE 152
SANFORD FL 32771

637345



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

111 TECH DRIVE

3. Mailing Address

111 TECH DRIVE

Suite, Apt. #, etc.

#

Suite, Apt. #, etc.

#

City & State

SANFORD FL

City & State

SANFORD FL

4. FEI Number

59-3619334

Applied For

Not Applicable

Zip
32725

Country
SEMINOLE

Zip
32725

Country
SEMINOLE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name
ROBERT E. GIBSON
Street Address (P.O. Box Number is Not Acceptable)
~~401 W. SEMINOLE BLVD #11~~
2827 REDBUD COURT
City
SANFORD DELTONA FL Zip Code
32725

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

3/21/01

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
GIBSON, ROBERT E
401 WEST SEMINOLE BOULEVARD SUITE 152
SANFORD FL 32771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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:

ROBERT E. GIBSON

3/21/01

407-328-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)