

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90057 032 \*\*\*150.00

**DOCUMENT # P00000003043**

**1. Entity Name**  
**GIBSON EXECUTIVE MANAGEMENT, INC.**



**Principal Place of Business**

**141 TECH DRIVE**  
**SANFORD FL 32725**

**Mailing Address**

**2827 REDBUD CT**  
**SANFORD FL 32725**

**60008117**



**2. Principal Place of Business**

**1071 New Castle Lane**

**3. Mailing Address**

**1071 New Castle Lane**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**Orlando FL**

**City & State**

**Orlando FL**

**4. FEI Number**

**59-3644250**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GIBSON, ROBERT E**

**2827 REDBUD CT**

**DELTONA FL 32725**

**7. Name and Address of New Registered Agent**

**Name**

**Gibson, Robert E.**

**Street Address (P.O. Box Number is Not Acceptable)**

**1071 New Castle Lane**

**City**

**Orlando**

**FL**

**Zip Code**

**32765**

**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 of Robert E. Gibson)*

**Robert E. Gibson**

**1/13/03**

(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** **MD** ☐ Delete  
**NAME** **MARTIN, DUNCAN C**  
**STREET ADDRESS** **2827 REDBUD CT**  
**CITY-ST-ZIP** **DELTONA FL 32725**

**TITLE** **STD** ☐ Delete  
**NAME** **MARTIN, PATRICIA**  
**STREET ADDRESS** **2827 REDBUD CT**  
**CITY-ST-ZIP** **DELTONA FL 32725**

**TITLE** **MD** ☐ Delete  
**NAME** **GIBSON, ROBERT E**  
**STREET ADDRESS** **2827 REDBUD CT**  
**CITY-ST-ZIP** **DELTONA FL 32725**

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

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

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

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

**TITLE** **DELETE P** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** **P. Add P** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**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 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 of Robert E. Gibson)*

**1/13/03**

**407-443-4752**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)