

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-26-2001 90164 028 \*\*\*150.00

DOCUMENT # P00000014321

1. Entity Name

DR. TONYIA L. GIBBONS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

17 WINDJAMMER POINT
MERRITT ISLAND FL 32952

17 WINDJAMMER POINT
MERRITT ISLAND FL 32952

30045



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number EIN#
59 3629228

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ROSAL, ARMANDO
121 E HIBISCUS BLVD
MELBOURNE FL 32901

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 re-registering)

DATE

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

Table with 6 rows for Officers and Directors. Each row includes Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox. The first row is filled with: D, GIBBONS, TONYIA L, 17 WINDJAMMER POINT, MERRITT ISLAND FL 32952.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 6 rows for Additions/Changes. Each row includes Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and 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:

Signature and typed or printed name of signing officer or director: Tonyia L. Gibbons

Date: 3-22-01

Date

Daytime Phone #

CR2E034 (10/00)