

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040432

1. Entity Name  
GIBBS FURNITURE OF LAKE PLACID, INC.

Principal Place of Business Mailing Address  
381 INTERLAKE BLVD. 381 INTERLAKE BLVD.  
LAKE PLACID FL 33852 LAKE PLACID FL 33852

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 65-1004470 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIBBS, DARRYL P  
381 INTERLAKE BLVD.  
LAKE PLACID FL 33852

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME GIBBS, DARRYL P  
STREET ADDRESS 381 INTERLAKE BLVD.  
CITY-ST-ZIP LAKE PLACID FL 33852 ☐ Delete

TITLE VD  
NAME GIBBS, HARRY DONALD  
STREET ADDRESS 6 LAKE STEARNS DR.  
CITY-ST-ZIP LAKE PLACID FL 33852 ☐ Delete

TITLE STD  
NAME GIBBS, TAMMY  
STREET ADDRESS 381 INTERLAKE BLVD  
CITY-ST-ZIP LAKE PLACID FL 33852 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: *Donald Gibbs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-02 863-465-2616  
Date Date/Phone #

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90057 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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