

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068612

1. Entity Name
GILLESPIE CONSTRUCTION, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90060 007 ***150.00

Principal Place of Business
**905 GROVE PARK BLVD
JACKSONVILLE FL 32216**

Mailing Address
**905 GROVE PARK BLVD
JACKSONVILLE FL 32216**

10043234



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

City & State
FL

Zip
32216

Country
USA

4. Fee Number
393658936

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**GILLESPIE, GENE A
905 GROVE PARK BLVD
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent
NONE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **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
PRES
NAME
GENE A. GILLESPIE
STREET ADDRESS
905 GROVE PARK BLVD
CITY-ST-ZIP
JACKSONVILLE, FL 32216

TITLE
VICE PRES
NAME
JULIE A. GILLESPIE
STREET ADDRESS
905 GROVE PARK BLVD
CITY-ST-ZIP
JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Gene A. Gillespie PRES.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-01 (904) 721-7054
Date Daytime Phone #

CR2E034 (10/00)