

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90046 005 \*\*\*150.00

**DOCUMENT # P00000107350**

1. Entity Name  
**P.M. GILCHRIST, INC.**

Principal Place of Business  
**10848 54TH AVE. NORTH  
 ST. PETERSBURG FL 33708**

Mailing Address  
**10848 54TH AVE. NORTH  
 ST. PETERSBURG FL 33708**

00013196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**10848 54 Ave N**  
 Suite, Apt. #, etc.

3. Mailing Address  
**10848 54 Ave N**  
 Suite, Apt. #, etc.

City & State  
**St Pete FL**  
 Zip  
**33708**  
 Country  
**USA**

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**St Pete FL**  
 Zip  
**33708**  
 Country  
**USA**

4. FEI Number  
**59-3682681** Applied For  
 Not Applicable

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**

**GILCHRIST, PAUL M  
 10848 54TH AVE. NORTH  
 ST. PETERSBURG FL 33708**

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 \_\_\_\_\_ (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. (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**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
					President	Paul M. Gilchrist	10848 54 Ave N	St. Pete, FL 33708		<input checked="" type="checkbox"/>
					Secretary - Treasurer	Deborah J Mottola	10848 54 Ave N	St. Pete - FL 33708		<input checked="" type="checkbox"/>

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: Paul Gilchrist Paul Gilchrist 1-2-01 727-319-2771  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)