

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

014533 AV

DOCUMENT # P01000011794

1. Entity Name
GILLIKIN ENTERPRISES, INC.



Principal Place of Business
**650 PATRICIA AVENUE
DUNEDIN FL 34698**

Mailing Address
**650 PATRICIA AVENUE
DUNEDIN FL 34698**



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 **59-3695948**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GILLIKIN, NORMAN D JR.
650 PATRICIA AVENUE
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name **MARY S. Gillikin**
Street Address (P.O. Box Number is Not Acceptable)
650 PATRICIA AVE
City **DUNEDIN** FL Zip Code **34698**

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 *Mary S. Gillikin*

(NOTE: Registered Agent signature required when reinstating)

9-8-2003

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PVD GILLIKIN, NORMAN D JR. 650 PATRICIA AVENUE DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILLIKIN, NORMAN D JR. 650 PATRICIA AVENUE DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD GILLIKIN, MARY S. 650 PATRICIA AVE DUNEDIN FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILLIKIN, MARY S. 650 PATRICIA AVE DUNEDIN FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mary S. Gillikin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-03

(727) 736-0415

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 80146166

September 8, 2003

Division of Corporations
409 East Gaines Street
Tallahassee, Fl. 32399

Re: Filing UBR Late
Gillikin Enterprises, Inc.
P01000011794

Dear Sir:

Due to the poor health condition of my husband Norman D. Gillikin, we were not able to meet the original filing deadline of May1, 2003. My husband is currently undergoing medical treatment for his liver and is waiting for a liver transplant. He has hepatitis C and has not been able to work for the past 15 months. In addition, because of his medications, he can not perform his office duties of running the corporation.

I have tried to complete some of his office duties, but I was not aware that this report had to be filed until it was past the deadline. Under the circumstances, I am requesting that you please accept our check for the \$150 filing fee and please abate the \$400 penalty. In the future I will be handling the corporate matters and I will make sure that we file timely.

Thank you for your cooperation.

Sincerely,

Mary S. Gillikin

Mary S. Gillikin
650 Patricia Ave.
Dunedin, Fl 34698
727-736-0415