

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021671

1. Entity Name
GULLICKSOM ASSOCIATES, INC.

Principal Place of Business

260 ROBIN RD.
ALTAMONTE SPRINGS FL 32701

Mailing Address

260 ROBIN RD.
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

260 Robin Rd
Suite, Apt. #, etc.

3. Mailing Address

260 Robin Rd
Altamonte Springs
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs FL
32701

City & State

Altamonte Springs FL
32701

4. FEI Number

59-3701191

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GULLICKSOM, DON
260 ROBIN RD.
ALTAMONTE SPRINGS FL 32701

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

Don Gullickson

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/2002

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DON GULLICKSON - P.
260 Robin Rd
Altamonte Springs FL 32701

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE

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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

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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:

Don Gullickson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4/26/2002

CR2E034 (9/01)