

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90206 003 ***150.00

DOCUMENT # P01000027327

1. Entity Name

GEOFFREY J. GIBSON, D.O., PA

Principal Place of Business

**1621 GULF BLVD #1108
 CLEARWATER FL 33767**

Mailing Address

**1621 GULF BLVD #1108
 CLEARWATER FL 33767**

2. Principal Place of Business

1875 Indian Rocks Rd.

Suite, Apt. #, etc.

3. Mailing Address

5401 Central Avenue

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

St. Petersburg, FL

4. FEI Number

59-2304410

Applied For

Not Applicable

Zip

33774

Country

PINELEAS

Zip

33710

Country

FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCATEE, CAROL
 5401 CENTRAL AVE
 ST PETERSBURG FL 33710**

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

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. (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 **Director** ☐ Delete
 NAME **Geoffrey J. Gibson**
 STREET ADDRESS **1621 Gulf Blvd. #1108**
 CITY-ST-ZIP **Clearwater, FL 33767**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Geoffrey J. Gibson
GEOFFREY J. GIBSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2002
 Date

(727) 593-8908
 Daytime Phone #

CR2E034 (9/01)