

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90457 030 \*\*\*150.00

DOCUMENT # **P01000036431**

1. Entity Name  
**GIPSON CONSULTING, INC.**

Principal Place of Business

**1113 JAMELA DRIVE**  
**OC00EE FL 34761**

Mailing Address

**1113 JAMELA DRIVE**  
**OC00EE FL 34761**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1327 Bradwell Dr**

Suite, Apt. #, etc.

3. Mailing Address

**1327 Bradwell Dr**

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

**Orlando, FL**

4. FEI Number

**59-3710604**

Applied For

Not Applicable

Zip

**32837**

Country

Zip

**32837**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**GIPSON, LYNN**  
**1113 JAMELA DRIVE**  
**OC00EE FL 34761**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1327 Bradwell Dr**

City

**Orlando**

**FL**

Zip Code

**32837**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **GIPSON, LYNN**  
CITY-ST-ZIP **1113 JAMELA DRIVE**  
**OC00EE FL 34761**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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 **1327 Bradwell Dr**  
CITY-ST-ZIP **Orlando, FL 32837**

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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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
Document #  
PO1000036431

869670

June 14, 2002

Division of Corporations  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

Dear Sir,

Please find attached a copy of the UBR for our corporation. We have enclosed payment of \$150. We did not receive our filing form until recently. We had moved and the new tenants did not forward our mail.

Our new address is: 1327 Bradwell Drive, Orlando, FL 32837.

Please waive the additional filing fee for late filing and correct our records reflecting the new address.

Sincerely,



Lynn Gipson  
President