

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90243 024 ***158.75

DOCUMENT # **P01000041838**

1. Entity Name

GILL'S GRASS GROOMING, INC.



Principal Place of Business

**1787 BELVIDERE RD.
ENGLEWOOD FL 34223**

Mailing Address

**1787 BELVIDERE RD.
ENGLEWOOD FL 34223**

2. Principal Place of Business

1787 Belvidere Rd

Suite, Apt. #, etc.

3. Mailing Address

1787 Belvidere Rd

Suite, Apt. #, etc.

City & State

City & State

Englewood, FL

Zip

Country

Zip

Country

34223

USA

4. FEI Number

65-1098373

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GILL, TROY

1787 BELVIDERE RD.

ENGLEWOOD FL 34223

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PT** ☐ Delete

NAME **GILL, TROY**
STREET ADDRESS **1787 BELVIDERE RD**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **VPS** ☐ Delete

NAME **GILL, DONNA**
STREET ADDRESS **1787 BELVIDERE RD.**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034 (10/02)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03 (941) 650-5329

Date

Daytime Phone #