

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-24-2003 90221 009 ***150.00

DOCUMENT # P01000043058

1. Entity Name
JOHN R. GILLESPIE, P.A.



Principal Place of Business
6550 N FEDERAL HWY STE 511
FT LAUDERDALE FL 33308

Mailing Address
6550 N FEDERAL HWY STE 511
FT LAUDERDALE FL 33308



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
101 Northeast Third Ave.
Suite, Apt. #, etc. Tower 101, Suite 1700
City & State Fort Lauderdale, FL
Zip 33301 Country US

3. Mailing Address
101 Northeast Third Ave.
Suite, Apt. #, etc. Tower 101, Suite 1700
City & State Fort Lauderdale, FL
Zip 33301 Country US

4. FEI Number **65-1108087** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLESPIE, JOHN R
6550 N FEDERAL HWY STE 511
FT LAUDERDALE FL 33308

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILLESPIE, JOHN R 6550 N FEDERAL HWY STE 511 FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 Northeast Third Avenue Fort Lauderdale, FL 33301 Suite 1700	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2003 (954) 771-0908

Date

Daytime Phone #