

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000053392

1. Entity Name

GUTHMILLER AND ASSOCIATES, INC.

Principal Place of Business

133 STRAWBERRY LN
JACKSONVILLE FL 32259

Mailing Address

133 STRAWBERRY LN
JACKSONVILLE FL 32259

2. Principal Place of Business

4042 Hartley Road

Suite, Apt. #, etc.

3. Mailing Address

4042 Hartley Road

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

Zip 32257

Country USA

Zip 32257

Country USA

4. FEI Number

59-3721655

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

HOLBROOK, LEON III
ONE INDEPENDENT DR, STE 2301
JACKSONVILLE FL 32202

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GUTHMILLER, GERRALD F
STREET ADDRESS 133 STRAWBERRY LN
CITY-ST-ZIP JACKSONVILLE FL 32259

Delete

PRESIDENT /D
GUTHMILLER, GERRALD F
133 STRAWBERRY LANE
JACKSONVILLE, FL 32259

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

VICE PRESIDENT /D
KEITH B BARRATT
8213 SEVEN MILE DRIVE
PONTE VEDRA BEACH, FL 32082

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

S/ID
ANNE BARRATT
8213 SEVEN MILE DRIVE
PONTE VEDRA BEACH, FL 32082

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

T /D
SUSAN L GUTHMILLER
133 STRAWBERRY LANE
JACKSONVILLE, FL 32259

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

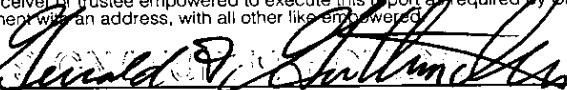
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

904-732-7263

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)