

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90030 048 ***150.00

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



DO NOT WRITE IN THIS SPACE

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

4. FEI Number
59-3721655

Applied For
☐ **Not Applicable**

Zip
32257

Country
USA

Zip
32257

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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 **PRESIDENT / D** ☒ Change ☐ Addition
NAME **Guthmiller, GERRALD F**
STREET ADDRESS **133 STRAWBERRY LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE **VICE PRESIDENT / D** ☐ Change ☒ Addition
NAME **KEITH B BARRATT**
STREET ADDRESS **8213 SEVEN MILE DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **S/D** ☐ Change ☒ Addition
NAME **ANNE BARRATT**
STREET ADDRESS **8213 SEVEN MILE DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **T / D** ☐ Change ☒ Addition
NAME **SUSAN L GUTHMILLER**
STREET ADDRESS **133 STRAWBERRY LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

904-732-7263

Daytime Phone #

CR2E034 (9/01)