

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
May 04, 2005 8:00 am  
Secretary of State**

05-04-2005 90110 012 \*\*\*150.00

<b>DOCUMENT #</b> P01000063421
<b>1. Entity Name</b>
GILSTRAP & ASSOCIATES INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3948 S THIRD ST Suite, Apt. #, etc. 330		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> JACKSONVILLE BEACH, FL		<b>City &amp; State</b>	
<b>Zip</b> 32250	<b>Country</b>	<b>Zip</b>	<b>Country</b>

**14016589**

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-3761242		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> GILSTRAP, HAROLD	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 8499 LILLY LAKE RD	
<b>City</b> MELROSE	<b>FL</b>
<b>Zip Code</b> 32666	

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D GILSTRAP, HAROLD 8499 LILLY LAKE RD MELROSE, FL 32266	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D KIM GILSTRAP 8499 LILLY LAKE RD MELROSE, FL 32266	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

HAROLD GILSTRAP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904 280-8737

Daytime Phone #