

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000064011

1. Entity Name

G.K. BILLERA & ASSOCIATES, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90198 012 ***150.00

0189204 .AV

Principal Place of Business

10001 NW 60TH CT.
PARKLAND FL 33076

Mailing Address

10001 NW 60TH CT.
PARKLAND FL 33076



2. Principal Place of Business

70 S.E. Fourth Ave

Suite, Apt. #, etc.

3. Mailing Address

70 S.E. Fourth Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, Florida

Zip
33483

Country

Palm Beach

City & State

Delray Beach Florida

Zip
33483

Country

Palm Beach

4. FEI Number

65-1121982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BILLERA, GAYLE K
10001 NW 60TH CT.
PARKLAND FL 33076

7. Name and Address of New Registered Agent

Name

Gayle Kind Billera

Street Address (P.O. Box Number is Not Acceptable)

70 S.E. Fourth Ave.

City

Delray Beach

FL

Zip Code

33483

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	<input type="checkbox"/> Delete
NAME	BILLERA, GAYLE K	
STREET ADDRESS	10001 NW 60TH CT.	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gayle Kind Billera

Gayle Kind Billera

3/18/02

(561)

330-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)