

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90117 047 ***150.00

DOCUMENT # P01000077481

1. Entity Name
GILMAN & ASSOCIATES, INC.



Principal Place of Business
703 LUCERNE AVE
209
LAKE WORTH FL 33460

Mailing Address
703 LUCERNE AVE
209
LAKE WORTH FL 33460

2. Principal Place of Business

129 N. Federal Hwy
Suite, Apt. #, etc.
Ste 202

3. Mailing Address

129 N. Federal Hwy
Suite, Apt. #, etc.
Ste 202

City & State
Lake Worth, FL

City & State
Lake Worth, FL

4. FEI Number 65-1132534

Applied For
Not Applicable

Zip 33460 **Country** USA

Zip 33460 **Country** USA

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

6. Name and Address of Current Registered Agent

GILMAN, RONALD
703 LUCERNE AVE
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
129 N. Federal Hwy

Ste 202

City Lake Worth

FL

Zip Code 33460

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GILMAN, RONALD
STREET ADDRESS 703 LUCERNE AVE
CITY-ST-ZIP LAKE WORTH FL 33460

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Gilman, Ronald
STREET ADDRESS 129 N. Federal Hwy Ste 202
CITY-ST-ZIP Lake Worth, FL 33460

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED GILMAN

4/17/03

(561) 582-0240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Copyright Phone #

CR2E034 (10/02)