

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90208 047 ***150.00

DOCUMENT # P01000097154

1. Entity Name
GIBBES MILLER CONSTRUCTION, INC.



Principal Place of Business
**1410 E PEARL ST.
MONTICELLO FL 32344**

Mailing Address
**1410 E PEARL ST.
MONTICELLO FL 32344**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3759078**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THOMPSON, SUSAN S
3520 THOMASVILLE RD., 4TH FL
TALLAHASSEE FL 32309**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MILLER, GIBBES U JR	
STREET ADDRESS	1410 E PEARL ST.	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, DOUGLAS T	
STREET ADDRESS	1568 PINEVIEW DR	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COX, SUE H	
STREET ADDRESS	1649 WAYFARERS CT	
CITY-ST-ZIP	ST GEORGE ISLAND FL 32328	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *G. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/14/03** Daytime Phone # **850-545-5346**

CR2E034 (10/02)