

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90280 036 ***150.00

DOCUMENT # P01000117335	✓
1. Entity Name KENNETH G. GILMAN, P.A.	

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90065965

2. Principal Place of Business 837 FIFTH AVE SOUTH <small>Suite, Apt. #, etc.</small> SUITE 203 <small>City & State</small> NAPLES FL <small>Zip</small> 34102 <small>Country</small> USA	3. Mailing Address 57 RIVER ST <small>Suite, Apt. #, etc.</small> SUITE 102 <small>City & State</small> WELLESLEY, MA <small>Zip</small> 02481 <small>Country</small> USA
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DO NOT WRITE IN THIS SPACE	<table border="1" style="width:100%"> <tr> <td style="width:80%">4. FEI Number 22-3851013</td> <td style="width:20%">Applied For Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> <tr> <td colspan="2">7. Name and Address of Current Registered Agent</td> </tr> <tr> <td colspan="2"><small>Name</small> CLASP INC</td> </tr> <tr> <td colspan="2"><small>Street Address (P.O. Box Number is Not Acceptable)</small> 3001 TAMiami TRAIL NORTH</td> </tr> <tr> <td colspan="2">4TH FLOOR</td> </tr> <tr> <td><small>City</small> NAPLES</td> <td><small>Zip Code</small> FL 34103</td> </tr> </table>	4. FEI Number 22-3851013	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of Current Registered Agent		<small>Name</small> CLASP INC		<small>Street Address (P.O. Box Number is Not Acceptable)</small> 3001 TAMiami TRAIL NORTH		4TH FLOOR		<small>City</small> NAPLES	<small>Zip Code</small> FL 34103
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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 *Kenneth G. Gilman*
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

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

<table border="1" style="width:100%"> <tr> <td style="width:10%">TITLE</td> <td style="width:90%">P</td> </tr> <tr> <td>NAME</td> <td>KENNETH G. GILMAN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>837 FIFTH AVE SOUTH</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NAPLES, FL 34102</td> </tr> </table>	TITLE	P	NAME	KENNETH G. GILMAN	STREET ADDRESS	837 FIFTH AVE SOUTH	CITY - ST - ZIP	NAPLES, FL 34102	<table border="1" style="width:100%"> <tr> <td style="width:10%">TITLE</td> <td style="width:90%"></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
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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: *Kenneth G. Gilman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #