

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90136-013-\$550.00-\$550.00

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DOCUMENT # P02000030698

1. Entity Name  
C. GILBERT INVESTMENT CO., INC.



03 OCT 10 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
7 DIAMOND DRIVE  
KEY WEST FL 33040

Mailing Address  
7 DIAMOND DRIVE  
KEY WEST FL 33040



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

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUEHNG, MARY A FSO  
1800 Atlantic Blvd.  
Suite 214-A  
Key West, FL 33040

Name MARV A Schuehng  
1800 Atlantic Blvd.  
Suite 214-A  
City Key West FL 33040

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

*Mary A Schuehng*

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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 D  
NAME GILBERT, CONSTANCE  
STREET ADDRESS 7 DIAMOND DRIVE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE  
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CITY-ST-ZIP

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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:

*Mary A Schuehng*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

21 10/13

7 Diamond Drive  
Key West, FL 33040  
8 October 2003

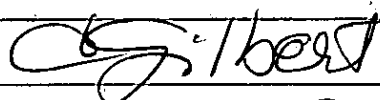
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please forgive the delay in having this corrected and returned. I was out of state the entire month of September. My attorney, Ms. Scheuhing, was out of state when I returned, and it took a bit of time to reach her and for her to reach me in turn.

I hope the report is satisfactory now.

Thank you very much.

  
Constance Gilbert