

FILED
Sep 02, 2003 8:00 am
Secretary of State

08-11-2003 90280 032 ***400.00
07-10-2003 90119 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000092683

1. Entity Name
PHILLIP R. GIESEKE, PA



Principal Place of Business
6000 PELICAN BAY BLVD., #204
NAPLES FL 34108

Mailing Address
6000 PELICAN BAY BLVD., #204
NAPLES FL 34108

55055455



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4504838

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

7. Name and Address of New Registered Agent

GIESEKE, PHILLIP R
6000 PELICAN BAY BLVD., #204
NAPLES FL 34108

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 \$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 ☐ Delete
NAME PHILLIP R. GIESEKE
STREET ADDRESS 6000 PELICAN BAY BLVD. #204
CITY-ST-ZIP NAPLES, FL 34108

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

TITLE ☐ Delete
NAME PHILLIP R. GIESEKE
STREET ADDRESS 6000 PELICAN BAY BLVD. #204
CITY-ST-ZIP NAPLES FL 34108

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

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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 AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

7/8/03

239.574.8772

Date

Daytime Phone

CR25034 (4/03)



Attachment



Arthur Rubin, EA. PA

55055455

BUSINESS & TAX ADVISORS
ENROLLED TO PRACTICE BEFORE THE INTERNAL REVENUE SERVICE

10001 TAMiami TRAIL NORTH, NAPLES, FL. 34108
Tel. 239.593.3184 Fax. 239.593.3185
info@businessadvisors.biz

Wednesday, August 06, 2003

Florida Department of State
PO Box 1500
Tallahassee, FL 32302

Re: Phillip R Gieseke, PA
P02000092683

Dear Secretary of State:

Enclosed is the client's check in the amount of \$400.00.

However, we respectfully request an abatement of the \$400 for the client stated that he did not receive the annual report to fill out and that this was the first time that he was required to do so.

Sincerely,

Arthur Rubin