

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0094923 AV

04-14-2003 90928 032 \*\*\*150.00

**DOCUMENT # P02000100554**

**1. Entity Name**  
**GILVIA INVESTMENTS CORPORATION**



**Principal Place of Business**  
501 NORTH ORLANDO AVE SUITE 313  
NUMBER ~~240~~ **284**  
WINTER PARK FL 32789

**Mailing Address**  
501 NORTH ORLANDO AVE SUITE 313  
NUMBER ~~240~~ **284**  
WINTER PARK FL 32789



**2. Principal Place of Business**  
**501 N. Orlando Ave.**

Suite, Apt. #, etc.  
**Suite 313 #284**

City & State  
**Winter Park, FL**

Zip  
**32789**

Country  
**USA**

**3. Mailing Address**  
**501 N. Orlando Ave**

Suite, Apt. #, etc.  
**Suite 313 #284**

City & State  
**Winter Park, FL**

Zip  
**32789**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**  
**81-0576005**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GLOVER, PAUL  
501 NORTH ORLANDO AVE SUITE 313  
NUMBER ~~240~~ **284**  
WINTER PARK FL 32789

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE **DP** ☐ Delete  
NAME **GLOVER, PAUL**  
STREET ADDRESS **501 NORTH ORLANDO AVE SUITE 313 #248**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **DV** ☐ Delete  
NAME **LATIMER, SHAUNTE**  
STREET ADDRESS **501 NORTH ORLANDO AVE SUITE 313 #248**  
CITY-ST-ZIP **WINTER PARK FL 32789**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:** Paul Glover **3/16/03** **(954) 735-7712**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)