

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

UNIFORM
 A1

DOCUMENT # P18348

1. Entity Name
GIBBS CONSTRUCTION COMPANY

01-30-2002 90114 011 ***150.00

Principal Place of Business 5736 CITRUS BOULEVARD P.O. BOX 23730 NEW ORLEANS LA 70183-3730	Mailing Address 5736 CITRUS BOULEVARD P.O. BOX 23730 NEW ORLEANS LA 70183-3730
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 72-0797877		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		-\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	
Country		Country		Zip		Country	

6. Name and Address of Current Registered Agent

**CLARK, DONALD D ESQ
 1819 MAIN STREET., STE 500
 SARASOTA CITY CENTER
 SARASOTA FL 34236**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GIBBS, LAWRENCE C. 5736 CITRUS BLVD. HARAHAN LA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LAWRENCE C. GIBBS** Date: _____ Daytime Phone #: **504-733-4336**

CFR2E034 (9/01)