

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90073 024 ***150.00

UNIFORM UBR

DOCUMENT # P93000060235

1. Entity Name
GILES, INC.



Principal Place of Business
28 DOLPHIN BLVD.
PONTE VEDRA BEACH FL 32082
US

Mailing Address
28 DOLPHIN BLVD.
PONTE VEDRA BEACH FL 32082
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

4. FEI Number 59-3199537

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GILES, WILLIAM D
28 DOLPHIN BLVD.
PONTE VEDRA BEACH FL 32082

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

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 NAME Delete

P
GILES, WILLIAM D
28 DOLPHIN BLVD.
PONTE VEDRA BEACH FL 32082

TITLE NAME Delete

T
GILES, JOHN D
28 DOLPHIN BLVD.
PONTE VEDRA BEACH FL 32082

TITLE NAME Delete

S
GILES, MICHAEL A
28 DOLPHIN BLVD.
PONTE VEDRA BEACH FL 32082

TITLE NAME Delete

TITLE NAME Delete

TITLE NAME Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Change Addition

TITLE NAME Change Addition

TITLE NAME Change Addition

TITLE NAME Change Addition

TITLE NAME Change Addition

TITLE NAME Change Addition

TITLE NAME Change Addition

TITLE NAME Change Addition

TITLE NAME Change Addition

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: WILLIAM D GILES **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/3/03 **Date** 904-465-5130 **Daytime Phone #**

CR2E034 (10/02)