

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036162

1. Entity Name

GILES INVESTMENT MANAGEMENT, INC.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90067 041 \*\*\*150.00

Principal Place of Business

Mailing Address

611 WEST AZEELE ST.  
TAMPA FL 33606

611 WEST AZEELE ST.  
TAMPA FL 33606-2205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3254996

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SMITH, H. STRATTON III  
611 WEST AZEELE ST.  
TAMPA FL 33606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 PST ☐ Delete  
NAME GILES, FRANCES E  
STREET ADDRESS 469 SEVERN AVENUE  
CITY-ST-ZIP TAMPA FL 33606-3826

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

TITLE VP ☐ Delete  
NAME GILES, WILLIAM F  
STREET ADDRESS 412 KIMBERLY DRIVE  
CITY-ST-ZIP AUBURN AL 36830

TITLE VP ☒ Change ☐ Addition  
NAME GILES, WILLIAM F.  
STREET ADDRESS 412 KIMBERLY DRIVE  
CITY-ST-ZIP AUBURN, AL 36832

TITLE VP ☐ Delete  
NAME FAY, ANNETTE G  
STREET ADDRESS 492 WEST DAVIS BOULEVARD  
CITY-ST-ZIP TAMPA FL 33606

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

TITLE VP ☐ Delete  
NAME GILES, ROBERT F JR.  
STREET ADDRESS 504 RIVERIA DRIVE  
CITY-ST-ZIP TAMPA FL 33606

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

TITLE VP ☐ Delete  
NAME GILES, JAMES M  
STREET ADDRESS 566 RHINE AVENUE W  
CITY-ST-ZIP TAMPA FL 33606

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

FRANCES ELEY GILES

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)