

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90004 006 ***150.00

DOCUMENT # P94000042363

1. Entity Name
GIBBS FURNITURE II, INC.

Principal Place of Business

1039 TAMiami TRAIL
PORT CHARLOTTE FL 33953

Mailing Address

1039 TAMiami TRAIL
PORT CHARLOTTE FL 33953

B0022443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2665 Davis Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

4. FEI Number

65-0507271

Applied For

Not Applicable

Zip
34104

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

GIBBS, ROBERT L
1039 TAMiami TRAIL
PORT CHARLOTTE FL 33953

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, 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 ☐ Delete
NAME **D**
GIBBS, ROBERT L
STREET ADDRESS **1039 TAMiami TRAIL**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **22120 Lancaster Ave**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
GIBBS, PATRICIA A
STREET ADDRESS **121 SO DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1901 Clifford St., Unit 1101**
CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/02 941-255-0187
 Date Daytime Phone #

CR2E034 (9/01)