2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 27, 2000 8:00 am
Secretary of State
02-28-2000 90019 022 ***150.00

DOCUMENT # P95000012590

1. Entity Name

GIBSON INTERIORS INC.

Principal Place of Business	Mailing Address
1912 B LEE RD A3 ORLANDO FL 32810 US	1912 B LEE RD A3 ORLANDO FL 32810-5704 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3620 Silver Star Rd
Suite, Apt. #, etc.:
City & State: Orlando, FL
Zip: 32808 Country: USA

3. Mailing Address: Same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 59-3295361 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIBSON-JONES, PATRICIA
1912 B LEE RD SUITE A 3
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name: Robert L Gibson
Street Address (P.O. Box Number is Not Acceptable): 3620 Silver Star Rd
City: Orlando FL Zip Code: 32808

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: X [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. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T GIBSON-JONES, PATRICIA 1438 AZALEA AVE CASSELBERRY FL 32707	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GIBSON, ROBERT L 2050 CAMILLA DR LONGWOOD FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARCIA, KELLY B 616 MAPLE FOREST DR ORLANDO FL	☐ Delete	Secretary/Treasurer GARCIA, Kelly 616 Maple Forest DR Orlando FL $	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARINO, SUZANNE G 2906 CARCROSS CT ORLANDO FL 32837	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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] 2/1/00 407/523-2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #