## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P95000034662** 1. Entity Name GILLESPIE INVESTIGATIONS, INC. 4-25-2001 90012 039 \*\*\*150.00 Principal Place of Business Mailing Address 7740 SOUTHSIDE BLVD 7740 SOUTHSIDE BLVD #1504 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 US 2. Principal Place of Business 3. Mailing Address 4324 Windergate Drive Suite, Apt. #, etc. 4324 Windlergate Orive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Sacksonuille City & State 4. FEI Number Applied For 59-3315789 FL Sacksonville Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GILLESPIE, RICHARD T Street Address (P.O. Box Number is Not Acceptable) 4324 Winderga Prive 7740 SOUTHSIDE BLVD #1504 JACKSONVILLE FL 32256 Jacksonville 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 RICLARIA T. J. 1161916 Kilhond T. Sellepia Signature, typeo or printed name of registered agent and title if applicable. (NOTE: Reg. stereo. Agent signature FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NAME GILLESPIE, RICHARD T NAME 4324Windergate Drive Jacksonville FC 32257 STREET ADDRESS 7740 SOUTHSIDE BLVD #1504 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

CR2E034 (10/00)

ichard T. Selligie 21-19-01 Days tro Phone

changed, or on an attachment with an address, with all other like empowered.