

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042555

1. Entity Name

GILFORD & ASSOCIATES, INC.

FILED

Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90156 024 \*\*\*150.00

Principal Place of Business

Mailing Address

5056 CYPRESS TRACE DR.  
TAMPA FL 33624

5056 CYPRESS TRACE DR.  
TAMPA FL 33624-6910

00006277



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

455 E. DOUGLAS RD  
Suite, Apt. #, etc.

P.O. BOX 1011  
Suite, Apt. #, etc.

City & State

City & State

OLDSMAR FL

OLDSMAR FL

4. FEI Number

59-3320149

Applied For

Not Applicable

Zip

Country

Zip

Country

34677

USA

34677

USA

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

THEODORE GILFORD  
5056 CYPRESS TRACE DR  
TAMPA FL 33624

Name

THEODORE GILFORD

Street Address (P.O. Box Number is Not Acceptable)

413 CYPRESS VIEW DR

City

OLDSMAR

FL

Zip Code

34677

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

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

THEODORE GILFORD - PRESIDENT 1-14-00

(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 PSTD ☐ Delete  
NAME GILFORD, THEODORE  
STREET ADDRESS 5056 CYPRESS TRACE DR.  
CITY-ST-ZIP TAMPA FL 33624

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME MARGARETMARY F. GILFORD  
STREET ADDRESS 413 CYPRESS VIEW DR  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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:

*Theodore Gilford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00  
Date

813-855-2777  
Daytime Phone #

CR02EN34 (0/00)