

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90058 005 \*\*\*150.00

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**DOCUMENT # P95000042555**

1. Entity Name  
**GILFORD & ASSOCIATES, INC.**



Principal Place of Business  
**455 E DOUGLAS RD  
OLDSMAR FL 34677**

Mailing Address  
**455 E DOUGLAS RD  
OLDSMAR FL 34677**

2. Principal Place of Business  
**320 MEAKS BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 1011**  
Suite, Apt. #, etc.

City & State  
**Oldsmar FL**

City & State  
**Oldsmar FL**

Zip  
**34677**

Country  
**USA**

Zip  
**34677**

Country  
**USA**

4. FEI Number  
**59-3320149**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**THEODORE GILFORD  
413 CYPRESS VIEW DR  
TAMPA FL 33624**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GILFORD, MARGARETMARY F  
413 CYPRESS VIEW DR  
OLDSMAR FL 34677** ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **THEODORE GILFORD**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-03 813-855-2777**

Date

Daytime Phone #

CR2E034 (10/02)