

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096248

1. Entity Name
J.B. GILSON, INC.



FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90101 046 ***150.00

Principal Place of Business
1088 N CIRCLE DR
CRYSTAL RIVER FL 34429

Mailing Address
P. O. BOX 579
CRYSTAL RIVER FL 34423-0579

2. Principal Place of Business

1088 N. Circle Dr

3. Mailing Address

3025 N. Hwy 10

Suite, Apt. #, etc.

Suite D

City & State

Crystal River, FL

City & State

Dubouque, Iowa

Zip

34429

Country

USA

Zip

52003

Country

Dubouque

4. FEI Number

59-3351659

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILSON, THEODORE R
1088 N CIRCLE DR
CRYSTAL RIVER FL 34429

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

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

(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.

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**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GILSON, JEYTE B
STREET ADDRESS 1088 N CIRCLE DR
CITY-ST-ZIP CRYSTAL RIVER FL 34429

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Sec, Director
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE ST
NAME GILSON, THEODORE R
STREET ADDRESS 1088 N CIRCLE DR
CITY-ST-ZIP CRYSTAL RIVER FL 34429

☐ Delete

TITLE PD ST
NAME
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CITY-ST-ZIP

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☐ 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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)