## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

## May 04, 2001 8:00 am Secretary of State DOCUMENT # P96000058116 1. Entity Name GILLIS & GILLIS ENTERPRISES, INC. 05-04-2001 90078 035 \*\*\*150.00 GILLIS & GILLIS INC 4711 LEXINGTON AVE. 4711 LEXINGTON AVE. JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 1 50 7 7 7 7 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3390068 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent \_\_\_ 6. Name and Address of Current Registered Agent GILLIS, MAUREEN N Street Address (P.O. Box Number is Not Acceptable) 5919 HYDE PARK CR. JACKSONVILLE FL 32210 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD TITLE □ Delete TITLE NAME GILLIS, MAUREEN N STREET ADDRESS STREET ADDRESS 5919 HYDE PARK CR. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change ☐ Addition STD ☐ Delete TITLE TITLE GILLIS, ROBERT F. NAME NAME 5919 HYDE PARK CIR STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL -- Delete TITLE TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 trust e 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 attachmas with an address, with all other like empowered.