

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90044 003 ***150.00

DOCUMENT # P96000094285

1. Entity Name

GYLES SERVICES, INC.

Principal Place of Business

**218 E. LAKESHORE DRIVE
LAGUNA BEACH FL 32413**

Mailing Address

**P.O. BOX 7435
LAGUNA BEACH FL 32413-0435**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3418200

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOORE GILES, AGNES
218 E. LAKESHORE DRIVE
LAGUNA BEACH FL 32413**

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.

SIGNATURE

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

(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	P	<input type="checkbox"/> Delete
NAME	GILES, AGNES M	
STREET ADDRESS	218 E LAKESHORE DRIVE	
CITY-ST-ZIP	LAGUNA BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, VICKIE G	
STREET ADDRESS	1534 WESTWOOD DRIVE	
CITY-ST-ZIP	ALBANY GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	GILES, AGNES M	
STREET ADDRESS	218 E LAKESHORE DRIVE	
CITY-ST-ZIP	LAGUNA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGNES M GILES	
STREET ADDRESS	218 E. LAKESHORE DR.	
CITY-ST-ZIP	LAGUNA BEACH, FLA. 32413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Agnes M. Giles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-2000

850-230-8391

Date

Daytime Phone #

CR2E034 (9/99)