

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90067 041 \*\*\*150.00

**DOCUMENT # P97000021942**

1. Entity Name

**GILLESPIE AND SON ALUMINUM INC.**

Principal Place of Business

718 SANTA FE AVENUE  
 ORMOND BEACH FL 32174

Mailing Address

718 SANTA FE AVENUE  
 ORMOND BEACH FL 32174-7536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3492073**

Applied For

Not Applicable

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

**GILLESPIE, MARK**  
**718 SANTA FE AVENUE**  
**ORMOND BEACH FL 32174**

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

| 11. OFFICERS AND DIRECTORS |                            |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                |
|----------------------------|----------------------------|--|---|--|----------------|
| TITLE                      | NAME                       | STREET ADDRESS                             | TITLE   | NAME   | STREET ADDRESS |
|                            | <b>P</b>                   | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                |
|                            | <b>MARK GILLESPIE</b>      | <b>718 SANTA FE AVE</b>                    |   |  |                |
|                            | <b>718 SANTA FE AVE</b>    |  |   |  |                |
|                            | <b>ORMOND BCH FL 32174</b> |  |   |  |                |
|                            | <b>VP</b>                  | <input checked="" type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                |
|                            | <b>WILLIAM GILLESPIE</b>   |  |   |  |                |
|                            | <b>386 LINDA CT</b>        |  |   |  |                |
|                            | <b>S DAYTONA FL 32119</b>  |  |   |  |                |
|                            | <b>BRIAN GILLESPIE</b>     | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                |
|                            | <b>1331 GRANADA AVE</b>    |  |   |  |                |
|                            | <b>HOLLY HILL FL 32117</b> |  |   |  |                |
|                            |                            | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                |
|                            |                            |  |   |  |                |
|                            |                            | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                |
|                            |                            |  |   |  |                |
|                            |                            | <input type="checkbox"/> Delete            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                |
|                            |                            |  |   |  |                |

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 another like empowered.

SIGNATURE:

*Mark Gillespie*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

(904) 673-7933

Daytime Phone #

825210



DO NOT WRITE IN THIS SPACE