

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90019 025 ***150.00

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DOCUMENT # **P97000029271**

1. Entity Name
GILLIE & ASSOCIATES, INC.

Principal Place of Business 2451 MCMULLEN BOOTH RD., STE. 12 CLEARWATER FL 33759 US	Mailing Address 2451 MCMULLEN BOOTH RD., STE. 12 CLEARWATER FL 33759 US
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2. Principal Place of Business 2204 TONIWOOD LN	3. Mailing Address 2204 TONIWOOD LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State PALM HARBOR FL	City & State PALM HARBOR, FL.	4. FEI Number 59-3435242	Applied For <input type="checkbox"/> Not Applicable
Zip 34685	Country USA	Zip 34685	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

6. Name and Address of Current Registered Agent
GILLIE, E. DOUGLAS JR.
~~**2451 MCMULLEN BOOTH RD., STE. 212**~~
~~**CLEARWATER FL 34610**~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2204 TONIWOOD LN.
 City **PALM HARBOR FL** Zip Code **34685**

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 **E. Douglas Gillie Jr** **E. Douglas Gillie Jr** **4-1-02**
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.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIE, E. DOUGLAS JR. 3384 TARPON WOODS BLVD. PALM HARBOR FL 34685 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIE, LINDA 3384 TARPON WOODS BLVD. PALM HARBOR FL 34685 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gillie E. DOUGLAS JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2204 TONIWOOD LN PALM HARBOR FL. 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gillie LINDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2204 TONIWOOD LN PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.

SIGNATURE: **E. Douglas Gillie Jr** **4-1-02** **727 785-6884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)