

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-09-2002 90019 025 \*\*\*150.00

0455143 AV

DOCUMENT # **P97000029271**

1. Entity Name  
**GILLIE & ASSOCIATES, INC.**

Principal Place of Business <b>2451 MCMULLEN BOOTH RD., STE. 12          CLEARWATER FL 33759          US</b>	Mailing Address <b>2451 MCMULLEN BOOTH RD., STE. 12          CLEARWATER FL 33759          US</b>
-------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------



2. Principal Place of Business <b>2204 TONIWOOD LN</b>	3. Mailing Address <b>2204 TONIWOOD LN</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>PALM HARBOR FL</b>	City & State <b>PALM HARBOR, FL.</b>	4. FEI Number <b>59-3435242</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34685</b>	Country <b>USA</b>	Zip <b>34685</b>	Country <b>USA</b>
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	<b>D</b> <b>GILLIE, E. DOUGLAS JR.</b> <b>3384 TARPON WOODS BLVD.</b> <b>PALM HARBOR FL 34685</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GILLIE, LINDA</b> <b>3384 TARPON WOODS BLVD.</b> <b>PALM HARBOR FL 34685</b> <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	<b>Gillie E. DOUGLAS JR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2204 TONIWOOD LN</b> <b>PALM HARBOR FL. 34685</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gillie LINDA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2204 TONIWOOD LN</b> <b>PALM HARBOR, FL 34685</b>
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* 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)