

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036353

1. Entity Name

GILL & ASSOCIATES ATTORNEYS AND COUNSELORS AT LA

Principal Place of Business

2001 W SAMPLE RD
SUITE 300
POMPANO BEACH FL 33064
US

Mailing Address

2001 W SAMPLE RD
SUITE 300
POMPANO BEACH FL 33064
US

2. Principal Place of Business

1499 W. Palmetto PK. RD

3. Mailing Address

1499 W. Palmetto PK RD

Suite, Apt. #, etc.

312

Suite, Apt. #, etc.

312

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

Country

33486

Zip

Country

33486

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILL, ALBERT WAYNE
2001 W SAMPLE RD
SUITE 300
POMPANO BEACH FL 33064

Name

Gill, Albert Wayne

Street Address (P.O. Box Number is Not Acceptable)

1499 West Palmetto Park Rd # 312

City

Boca Raton,

FL

Zip Code

33486

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

4/20/01

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, 2001 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 PSTD
NAME GILL, ALBERT WAYNE
STREET ADDRESS 22783 STATE ROAD 7, SUITE 53
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE PSTD
NAME Gill, Albert Wayne
STREET ADDRESS 1499 West Palmetto Park Rd # 312
CITY-ST-ZIP Boca Raton, FL 33486 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01 561-620-3811



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90034 029 ***150.00