

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90041 007 ***150.00

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DOCUMENT # P97000036353

1. Entity Name

**GILL & ASSOCIATES ATTORNEYS AND COUNSELORS AT LA
W, P.A.**

Principal Place of Business

**1499 W PALMETTO PK RD #312
BOCA RATON FL 33486
US**

Mailing Address

**1499 W PALMETTO PK RD #312
BOCA RATON FL 33486
US**

2. Principal Place of Business

200 Congress Park Drive

3. Mailing Address

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2326673**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GILL, ALBERT WAYNE
1499 W PALMETTO PK RD #312
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **GILL, ALBERT WAYNE**
Street Address (P.O. Box Number is Not Acceptable)
200 CONGRESS PARK Drive #210
City **Delray Beach** FL Zip Code **33445**

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

4/18/02

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, 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 **PSTD** ☐ Delete
NAME **GILL, ALBERT WAYNE**
STREET ADDRESS **1499 W PALMETTO PK RD #312**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☒ Change ☐ Addition
NAME **GILL, ALBERT WAYNE**
STREET ADDRESS **200 CONGRESS PARK DRIVE #210**
CITY-ST-ZIP **Delray BEACH, FL 33445**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

561-843-0830

Daytime Phone #

CR2E034 (9/01)