

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90156 029 ***150.00

DOCUMENT # P97000059940

1. Entity Name
JACK GILLILAND & ASSOCIATES, INC.



Principal Place of Business
**1100 SIXTH AVE S
SUITE 223
NAPLES FL 34101**

Mailing Address
**1100 SIXTH AVE S
SUITE 223
NAPLES FL 34101**



2. Principal Place of Business
3855 GROTON CT.

3. Mailing Address
3855 GROTON CT.

Suite, Apt. #, etc.
NAPLES, FL

Suite, Apt. #, etc.
NAPLES, FL

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip
34112

Country
USA

Zip
34112

Country
USA

4. FEI Number
59-3457712

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GILLILAND, JACK
1100 SIXTH AVE S
SUITE 223
NAPLES FL 34101**

7. Name and Address of New Registered Agent

Name **SAME (Address Change)**
Street Address (P.O. Box Number is Not Acceptable)
3855 GROTON CT
NAPLES, FL 34112
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GILLILAND, JACK 1100 SIXTH AVE S SUITE 223 NAPLES FL 34101 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GILLILAND, PHYLLIS 1100 SIXTH AVE S SUITE 223 NAPLES FL 34101 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDRESS : 3855 GROTON CT. NAPLES, FL 34112 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDRESS : 3855 GROTON CT. NAPLES, FL 34112 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 **239-250-0002**
Date Daytime Phone #

CR2E034 (10/02)