

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094219

1. Entity Name

GILLUM & ASSOCIATES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90087 022 ***150.00

Principal Place of Business

Mailing Address

7628 MASSACHUSETTS AVE
NEW PORT RICHEY FL 34653

7628 MASSACHUSETTS AVE
NEW PORT RICHEY FL 34653-3022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3451951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLUM, JAMES ~~X~~ E.
4220 NEW BERRY LANE
NEW PORT RICHEY FL 34653

Name

JAMES E. GILLUM

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

7628 MASSACHUSETTS AVE

City

NEW PORT RICHEY

FL

Zip Code

34653

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

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS GILLUM, JAMES E
CITY-ST-ZIP 7628 MASSACHUSETTS AVE
NEW PORT RICHEY FL 34653

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

TITLE ☐ Delete
NAME TS
STREET ADDRESS DESMOND, ROBERT L
CITY-ST-ZIP 7628 MASSACHUSETTS AVE.
NEW PORT RICHEY FL 34653

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. GILLUM

Date

4/26/2000 727 847-3603

Daytime Phone #

CR2E034 (9/99)