

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90144 016 ***150.00

DOCUMENT # P98000098331

1. Entity Name
GILL PROPERTIES OF FLORIDA, INC.

Principal Place of Business
**4822 SOUTH PENINSULA DRIVE
 PONCE INLET FL 32127**

Mailing Address
**4822 SOUTH PENINSULA DRIVE
 PONCE INLET FL 32127**



2. Principal Place of Business
4730 S. Ridge Wood Ave

3. Mailing Address
SAME

Suite, Apt. #, etc.
PORT ORANGE FL

Suite, Apt. #, etc.

City & State
PORT ORANGE FL

City & State

4. FEI Number **59-3543403**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip **32127** Country **USA**

Zip Country

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

**GILL, ROBERT W
 4822 SOUTH PENINSULA DRIVE
 PONCE INLET FL 32127**

Name
GILL Robert W.
 Street Address (P.O. Box Number is Not Acceptable)
4730 S. Ridge Wood Ave
PORT ORANGE
 City **FL** Zip Code **32127**

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 *Robert W. Gill* (Pro)

DATE **2/16/02**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DPTS			
	GILL, ROBERT W	4822 SOUTH PENINSULA DRIVE	PONCE INLET FL 32127	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: *Robert W. Gill* **Robert W. Gill**

DATE **2/16/02**

Daytime Phone # **386-322-9009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)