2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # P98000098331

1. Entity Name GILL PROPERTIES OF FLORIDA, INC.

Principal Place of Business

2. Principal Place of Business

4730 S RIDGEWOOD AV

PONCE INLET FL 32127

Suite, Apt. #, etc.

City & State

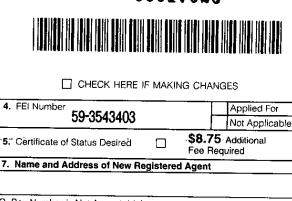
Zip



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90081 025 ***150.00

90017026



GILL, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 4730 S RIDGEWOOD AV PT ORANGE FL 32127 City 8. The above named

Mailing Address

3. Mailing Address

City & State

Zip

and title if applicable

Suite, Apt. #, etc.

4730 S RIDGEWOOD AV

PONCE INLET FL 32127

initity 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 histered agent. the obligations

Country

Name

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be

Zip Code

Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPTS Delete TITLE CR2E034 (10/02) Change ☐ Addition NAME gill, Robert W 🤌 NAME STREET ADDRESS 4822 South Peninsula Drive STREET ADDRESS CITY-ST-ZIP PONCE INLET FL 32127 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP: -TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 attachme

SIGNATURE: