

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103583

1. Entity Name

CAROL GILBERT, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90082 040 ***150.00

Principal Place of Business

Mailing Address

**532 LA PENINSULA BLVD
 NAPLES FL 34113**

**532 LA PENINSULA BLVD
 NAPLES FL 34113-4011**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2305495

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MAC'KIE, JOHN G~~
~~3009 TAMIAH TRAIL NORTH STE 210~~
~~NAPLES FL 34103~~

Name **Mark J. Woodward**
 Street Address (P.O. Box Number is Not Acceptable)
801 Laurel Oak Dr.
Suite 710
 City **Naples** FL Zip Code **34108**

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

Deborah S Jaynes

[Signature]

2/2/00

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.

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	D	<input type="checkbox"/> Delete
NAME	JAYNES, DEBORAH S	
STREET ADDRESS	532 LA PENINSULA BLVD	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAYNES, RICHARD G JR	
STREET ADDRESS	532 LA PENINSULA BLVD	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Deborah S Jaynes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 9413949130

Date

Daytime Phone #

UBR 2000 (03/01)