2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT#

P98000106572

1. Entity Name

J.D. GILBERT & COMPANY FINANCIAL SERVICES CORP.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90120 003 ***150.00

	·	_			200 H	VE TREE								
Principal Place of Business 600 WEST HILLSBORO BLVD SUITE 510 DEERFIELD BEACH FL 33441		60 St.	Mailing Address 600 WEST HILLSBORO BLVD SUITE 510 DEERFIELD BEACH FL 33441					! !!!!!!!! !		1 770 11 700	ea ren (2 6 2)	achi auch c	 	
2. Principal Place of Business			3. Mailing Address]							
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES								
City & Sta	ate	Cit	City & State				4. FEI Number 65-0885994 Applied For						Applied For	
Zip	Country	Zip		Cour	Country		5. C	ertificate of S				\$8.75 A	Not Applicable dditional	
6. Name and Address of Current			Registered Agent										ee Required	
· ·	The state of the s	it negister	eu Agent		Names		7. N	ame and Ado	iress of Ne	w Reg	stered A	\gent		
-	T, JAMES D		Name*											
	ST HILLSBORO BLVD					Street Address (P.O. Box Number is Not Acceptable)								
SUITÉ 5														
	ELD BEACH FL 33441					<u> </u>		,,,			FL	Zip Co		
8. The above the obliga	e named entity submits this statement factions of registered agent.	or the purp	oose of changing its	registere	ed office or	registere	ed agei	nt, or both, in	the State of	f Florida	a. I am fa	amiliar with	, and accept	
Ū													,	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if ap	plicable. (NOT	E: Registered	d Agent signatu	re required	when rein	stating)	·		DATE			
	ILE NOW!!! FEE IS \$150.00		T		-									
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State						9. Election Trust Fu	Campaign		ing 🔲	\$5. 0	00 May Be	
10.	OFFICERS AND		IRS	11.			100	Prior to Lawrence						
TITLE	PD	BIISLOTO	 _	_	··· I		ADD	ITIONS/CHA	NGES TO C)FFICE	RS AND	DIRECTOR	RS IN 11	
NAME	GILBERT, JAMES D		☐ Delete	TITLE								Change	Addition	
STREET ADDRESS	600 W HILLSBORO BLVD STE S	51A		NAME										
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	710			T ADDRESS									
			 -	CHY-	ST-ZIP									
TITLE NAME	D DOMOLAG		Delete	TITLE								☐ Change	Addition	
STREET ADDRESS	WALKER, DOUGLAS	- 40		NAME										
CITY-ST-ZIP	600 W HILLSBORO BLVD STE 5 DEERFIELD BEACH FL 33441	טוּס			TADDRESS									
				CITY-	ST-ZIP	-	_							
TITLE NAME	D WILLIAMS SCOTT A		☐ Delete	TITLE	- 1.						ī	Change	☐ Addition	
STREET ADDRESS	WILLIAMS, SCOTT A 600 W HILLSBORO BLVD STE 5	140		NAME										
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	110		CITY-:	T ADDRESS									
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NAME			L Delete	NAME	i						į	Change	Addition	
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VAME				NAME	İ						Ł	опапуе	☐ Addition	
STREET ADDRESS				STREET	ADDRESS									
CITY-ST-ZIP			<u>. </u>	CITY-S	ST-ZIP									
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IAME				NAME							Ļ	onange	☐ Addition	
TREET ADDRESS				STREET	ADDRESS									
ITY-ST-ZIP				CITY-S	T-ZIP									
2. Thereby c	ertify that the information supplied with	thin filling a	1000	<u> </u>										

indicated on this report or supplied with this filling 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 the proposed of the corporation of the corporation of 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

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

Daytime Phone #