

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107542

1. Entity Name

MICHAEL R. GILL, INC.

Principal Place of Business

3116 LODI DRIVE
NEW PORT RICHEY FL 34655

Mailing Address

3116 LODI DRIVE
NEW PORT RICHEY FL 34655-5609

2. Principal Place of Business

5228 S.R. 54

Suite, Apt. #, etc.

3. Mailing Address

5228 S.R. 54

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

34652

Country

U.S.A.

Zip

34652

Country

U.S.A.

4. FEI Number

59-3547491

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

GILL, MICHAEL R
3116 LODI DRIVE
NEW PORT RICHEY FL 34655

Name

Michael R. Gill

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

5228 S.R. 54

City

New Port Richey

FL

Zip Code

34652

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

Michael R. Gill / President

4-27-2000

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 D
NAME GILL, MICHAEL R
STREET ADDRESS 3116 LODI DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

☐ Delete

TITLE D
NAME Gill, Michael R.
STREET ADDRESS 5228 S.R. 54
CITY-ST-ZIP New Port Richey, FL 34652

☒ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

Michael R. Gill / President

4-27-2000

(727) 847-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)