

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90311 022 ***150.00

DOCUMENT # P99000023139

1. Entity Name

GILL DIVERSIFIED SERVICES, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7635 TIMBERLIN PARK BLVD		3. Mailing Address 7635 TIMBERLIN PARK BLVD.	
Suite, Apt. #, etc. APT #913		Suite, Apt. #, etc. APT #913	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32256	Country FL	Zip 32256	Country FL

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3571329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MCQUAIG, DAVID H.
Street Address (P.O. Box Number is Not Acceptable) 4745 SUTTON PARK CT.
City JACKSONVILLE
State FL
Zip Code 32224

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - DIRECTOR DARLENE F. GILL 7635 TIMBERLIN PK. BLVD. #913 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT - DIRECTOR SAUNDERS, Tobi A. (GILL) 7635 TIMBERLIN PK BLVD #913 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC./TREAS. - DIRECTOR GILL, JAMES M. 7635 TIMBERLIN PK. BLVD #913 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GILL, THOMAS J. 7635 TIMBERLIN PK. BLVD #913 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. GILL 4/28/03 (904) 519-8976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)