FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000 23139

1. Entity Name

SIGNATURE;

GILL DIVERSIFIED SERVICES, INC



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

05-01-2003 90311 022 ***150.00

4003/329

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2. Principal P	lace of Busin	ess 🖚	3. Mailing Address	austra Perri Albani da Ro	BERT CARLO	(Sugar) (Late 1964) (
1635 TIMBERLIN PARK BLUD				7635 TIMBERLIN PARK BLUD.							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
ApT #913			Apr 4913	Apr #913							
City & State			City & State	City & State			El Number		T	Applied For	
VACKSONVILLE, FL			JACKSONVIA	JACKSONVILLE, FL			59-3571329			Not Applicable	
Zip 3225		Country	Zip	Country		5.0	ertificate of Status Desired	□ \$8	.75	Additional	
3225	6	DUVAL	32256	Du	VAL		Fee f			Required	
\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	STREET,	energy of the same and the same of the sam				7. Na	me and Address of Current	Registered A	gent		
	en e			See See See See	Name Mª QUAIG, DAVID H.						
DO NOT WRITE					Street Address (P.O. Box Number is Not Acceptable)						
The state of the s							TTON PARK CT	·		-	
		V THIS	SPACE	· 							
								,			
					City J	ACK SOK	IVILLE	FL	Zip (Code L Z Z.4 -	
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 .	<u> </u>		4	TE Di inches							
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, Jai		Fee is \$550.00			9. Election Campaign Fina	incing	\$:	5.00 May Be			
	Amended	UBR is \$61.25					Trust Fund Contribution			Ided to Fees	
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CITY-ST-ZIP	VICE . PRESIDENT - DIRECTOR										
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STREET ADDRESS	7635 TIMBERLIN PK BLUD #913			A Contract	T ADDRESS				t ₀ ,		
CITY-ST-ZIP	JACKSONVILLE, FL 32256			Contractor of	ST+ZIP	Act Property	Arabeta and	<u> </u>	<u> </u>		
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NAME	GILL,	THOMAS V	J Px. BCUO #913	NAME	10.00	estation and the confidence of					
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CITY-ST-ZIP				通497.7.76 7	ST-ZIP	To the state of the	and the state of t	A CANA SEC.	سمست		
12. I hereby of	ertify that the	information supplie	d with this filing does not qualify for port is true and accurate and that	or the exen	nption state	ed in Section 1	19.07(3)(i), Florida Statutes, I	further certify	that th	e information	
of the cor	poration or the	e receiver or trusted	e empowered to execute this repo	ort as requ	ired by Ch	apter 607, Flor	da Statutes; and that my nan	ne appears in	Block	. 10 or on an	
attachme	nt with an add	dress, with all other I	ike empowered.							}	

JAMES M. GILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03