

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000031157**

1. Entity Name

**JAMES GILBERT LAWN SERVICE, INC.****FILED****Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90003 008 \*\*\*150.00

Principal Place of Business

Mailing Address

**4150 STALEY RD**  
**FT MYERS FL 33905****4150 STALEY RD**  
**FT MYERS FL 33905****00033744**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**14519 Riverside Drive**

Suite, Apt. #, etc.

3. Mailing Address

**14519 Riverside Drive**

Suite, Apt. #, etc.

City & State  
**Fort Myers, FL**City & State  
**Fort Myers, FL**4. FEI Number **65-0965794**

Applied For

Not Applicable

Zip  
**33905**

Country

Zip  
**33905**

Country

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****GILBERT, JAMES P**  
**4150 STALEY RD**  
**FT MYERS FL 33905**

Name

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

**14519 Riverside Drive**City  
**Fort Myers****FL**Zip Code  
**33905**

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

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**GILBERT, JAMES P**  
**4150 STALEY RD**  
**FT MYERS FL 33905** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**14519 Riverside Drive**  
**Fort Myers, FL 33905**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD**  
**GILBERT, GINA**  
**4150 STALEY RD**  
**FT. MYERS, FL 33905** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**14519 Riverside Drive**  
**Fort Myers, FL 33905**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*James P Gilbert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**03-09-01**

Daytime Phone #

CR2E034 (10/00)