

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90022 041 ***150.00

DOCUMENT # P99000039529

1. Entity Name

GILBERTSON, INC.

Principal Place of Business

Mailing Address

**4189 LAKE KOTSA DRIVE
 LAKE WALES FL 33853**

**4189 LAKE KOTSA DRIVE
 LAKE WALES FL 33853-7011**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

**GILBERTSON, CHARLES F
 6 NORTH FT MYERS DRIVE
 INDIAN LAKE ESTATES FL 33855**

Name

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

City

FL

Zip Code

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, 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **GILBERTSON, CHARLES F**
 CITY-ST-ZIP **4189 LAKE KOTSA DRIVE
 LAKE WALES FL 33853**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GILBERTSON, LINDA K**
 CITY-ST-ZIP **4189 LAKE KOTSA DRIVE
 LAKE WALES FL 33853**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda K. Gilbertson

4/28/00

863-692-1031

#p 9900003989

40063771

SUPERIOR PRODUCTS
4189 LAKE KOTSA DR • LAKE WALES, FL • 33853

4/28/00

Attention: Dept. of State

We tried many times over the week-end to file over the internet and pay with Discover Card. It kept saying unable to establish secure connection - identity certificate expired. We hope this will enable you to waive the late fee since it wouldn't go thru the internet. This is our 1st year of a corporation. We would appreciate anything you can do.

Sincerely,

Linda Gilbertson
GILBERTSON, INC