

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90509 036 ***150.00

DOCUMENT # P99000039529

1. Entity Name
GILBERTSONS, INC.

Principal Place of Business

6 N FT MYERS DR
 ILE FL 33855
 US

Mailing Address

4189 LAKE KOTSA DRIVE
 LAKE WALES FL 33853

2. Principal Place of Business

6 N. Ft. MYERS DR.
 Suite, Apt. #, etc.

3. Mailing Address

4189 Lk. KOTSA DR.
 Suite, Apt. #, etc.

City & State

ILE, FL.

City & State

Lk. WALES, FL.

4. FEI Number

59-3580307

Applied For

Not Applicable

Zip

33855

Country

USA

Zip

33853

Country

USA

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, 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
 D
 GILBERTSON, CHARLES F
 4189 LAKE KOTSA DRIVE
 LAKE WALES FL 33853 ☐ Delete

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

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

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 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: Linda K. Gilbertson LINDA K. GILBERTSON 02/19/01 863-692-1034
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)