

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044707

1. Entity Name

THE GILLEN GROUP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -5 AM 10:24

Principal Place of Business

315 CRYSTAL BEACH AVE.
CRYSTAL BEACH FL 34681

Mailing Address

PO BOX 1062
CRYSTAL BEACH FL 34681-1062

2. Principal Place of Business

1449 VIKING CT.

3. Mailing Address

1449 VIKING CT.



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number

59-3586161

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

33904

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLEN, PETER
315 CRYSTAL BEACH AVE.
CRYSTAL BEACH FL 34681

7. Name and Address of New Registered Agent

Name

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

1449 VIKING CT.

City

CAPE CORAL

FL

Zip Code

33904

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

TITLE: Delete
NAME: D.A. GILLEN, PETER
STREET ADDRESS: 1449 VIKING CT.
CITY-ST-ZIP: CAPE CORAL, FL 33904

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
NAME:
STREET ADDRESS: 100003500451--3
CITY-ST-ZIP: -12/13/00--01104--027
****150.00 Change Addition

TITLE: Change Addition
NAME:
STREET ADDRESS: 100003500451--3
CITY-ST-ZIP: -12/13/00--01104--028
****150.00 Change Addition

TITLE: Change Addition
NAME:
STREET ADDRESS: ****408.75 Change Addition
CITY-ST-ZIP:

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

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

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)(j), 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/00

Date

941.943.7646

Daytime Phone #

CR2E034 (9/99)

024696