

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S23968

1. Entity Name

GULLIVER & ASSOCIATES, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90050 004 ***150.00

Principal Place of Business

3215 S US 1
C
FORT PIERCE FL 34982
US

Mailing Address

3215 S US 1
C
FORT PIERCE FL 34982
US

2. Principal Place of Business

Blvd
1511 SE Port St Lucie

3. Mailing Address

Blvd
1511 SE Port St Lucie

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie, FL

City & State

Port St Lucie FL

Zip

Country

34952 USA

Zip

Country

34952 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0023817

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

GULLIVER, KURTIS A.
503 WISTERIA AVE
FT. PIERCE FL 34982

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	GULLIVER, KURTIS A.	503 WISTERIA AVE.	FT PIERCE FL	<input type="checkbox"/> Delete			
PVT	GULLIVER, KURTIS A.	503 WISTERIA AVE.	FT. PIERCE FL	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)