

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S40354

1. Entity Name

GILLETTE CONSTRUCTION SERVICE CORP.

Principal Place of Business

3780 BURNS ROAD, SUITE 13
PALM BEACH GARDENS FL 33410
US

Mailing Address

3780 BURNS ROAD, SUITE 13
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

Suite 6

3. Mailing Address

Suite 6

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

FL

Zip

FL 33410

Country

FL

Zip

33410

Country

FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0252884

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, JACK S.
4400 PGA BLVD., SUITE 201
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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 Nor Rene Gillette

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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

TITLE **D**
NAME **GILLETTE, NOR RENE**
STREET ADDRESS **3780 BURNS ROAD / STE 13**
CITY-ST-ZIP **PALM BEACH GRDNS. FL**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ 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:

Nor Rene Gillette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (561) 627-8106

Date

Daytime Phone #

0289330

CR2E034 (10/00)