

Amended
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S81477

1. Entity Name

Gillespie Contractors, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6010 George Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 510425

Suite, Apt. #, etc.

City & State

Punta Gorda FL

City & State

Punta Gorda, FL

Zip

33982

Country

Charlotte

Zip

33951

Country

Charlotte

4. FEI Number

65-0287309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kaywell, James W.

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

201 W. MARION AVE

Suite 301

City

Punta Gorda

FL

Zip Code

33950

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT/SECRETARY-TREASURER	GERALD L. GILLESPIE	6010 GEORGE RD.	PUNTA GORDA, FL. 33982				
VICE PRESIDENT	GERALD L. GILLESPIE JR.	21976 FELTON AVE	PORT CHARLOTTE, FL. 33952				
DIRECTOR	KIM GILLESPIE	21976 FELTON AVE	PORT CHARLOTTE, FL. 33952				

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-02

Date

941-639-4514

Daytime Phone #