

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90051 027 \*\*\*150.00

0050903 AV

**DOCUMENT # S96344**

1. Entity Name

D. L. GIBSON CONSTRUCTION, INC.

Principal Place of Business

144 GULFWINDS WY  
 SANTA ROSA BCH FL 32459  
 US

Mailing Address

PO BOX 2579  
 SANTA ROSA BEACH FL 32459  
 US



2. Principal Place of Business

12671 U.S. HWY 98 WEST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
 #217-2

City & State  
 DESTIN, FL

City & State

4. FEI Number 59-3100764

Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip 32541

Country us

Zip

Country

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

GIBSON, DAVID L.  
 144 GULF WINDS WY  
 SANTA ROSA BEACH FL 32459

Name

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

4705 RENDEZVOUS COVE

City DESTIN

FL

Zip Code 32541

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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  Delete  
 NAME PTSD  
 STREET ADDRESS GIBSON, DAVID L.  
 CITY-ST-ZIP 144 GULF WINDS WAY  
 SANTA ROSA BCH FL 32459

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 4705 RENDEZVOUS COVE  
 CITY-ST-ZIP DESTIN, FL 32541

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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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)(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: DAVID L. GIBSON DATE: 1-9-02 DAYTIME PHONE #: 850-585-2408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)