

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12209

1. Entity Name

GITTINGS, SCHUETH & GRUNTHAL REAL ESTATE SERVICE

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90091 009 ***150.00

Principal Place of Business

100 N. LAYRA STREET
SUITE 800
JACKSONVILLE FL 32202
US

Mailing Address

100 N. LAYRA STREET
SUITE 800
JACKSONVILLE FL 32202-3626
US

2. Principal Place of Business

45 West Bay Street

Suite, Apt. #, etc.

Suite 203

City & State

Jacksonville

Zip

32202

Country

N. America

3. Mailing Address

45 West Bay Street

Suite, Apt. #, etc.

Suite 203

City & State

Jacksonville, FL

Zip

32202

Country

N. America



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3105851

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GITTINGS, ROBERT L JR.
100 N. LAURA STREET
SUITE 800
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Robert L. Gittings, JR

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

45 West Bay Street

Suite 203

City

Jacksonville

FL

Zip Code

32202

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

Robert L. Gittings, Jr.

3-20-00

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	P	<input type="checkbox"/> Delete
NAME	GITTINGS, ROBERT L	
STREET ADDRESS	100 N LAURA STREET STE 800	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert L. Gittings, Jr.	
STREET ADDRESS	45 West Bay St Suite 203	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert L. Gittings, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

9043561060

Daytime Phone #

CR2E034 (9/99)