

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V21197

1. Entity Name

GLEASON & PAUL, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90023 022 ***150.00

| | |
|-------------------------------------------------------|----------------------------------------------------|
| Principal Place of Business | Mailing Address |
| 4802 S. PENINSULA DRIVE PONCE INLET FL 32127 US | P.O. BOX 0566 DAYTONA BEACH FL 32115-0566 US |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number | 58-1974461 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

| |
|------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent |
| PAUL, JANIS G. 4802 S PENINSULA DRIVE PONCE INLET FL 32127 |

| |
|----------------------------------------------------|
| 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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-----------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAUL, JANIS G. | NAME | |
| STREET ADDRESS | 4802 S. PENINSULA DR. | STREET ADDRESS | |
| CITY-ST-ZIP | PONCE INLET FL | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLEASON, BRIAN P. | NAME | |
| STREET ADDRESS | 4802 SOUTH PENINSULA DR. | STREET ADDRESS | |
| CITY-ST-ZIP | PONCE INLET FL | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLEASON, MICHAEL E., JR. | NAME | |
| STREET ADDRESS | 4802 SOUTH PENINSULA DR. | STREET ADDRESS | |
| CITY-ST-ZIP | PONCE INLET FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000

Date

Daytime Phone #