

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V21197

1. Entity Name

GLEASON & PAUL, INC.

Principal Place of Business

4802 S. PENINSULA DRIVE  
PONCE INLET FL 32127  
US

Mailing Address

P.O. BOX 0566  
DAYTONA BEACH FL 32115-0566  
US

2. Principal Place of Business

1200 Edwards Ln

Suite, Apt. #, etc.

Orlando FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip  
32804

Country

Orlando

Zip

Country

4. FEI Number 58-1974461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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 Applicable)

1200 Edwards Ln

City

Orlando

FL

Zip Code

32804

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) ☐

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 NAME	D PAUL, JANIS G.	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	4802 S. PENINSULA DR. PONCE INLET FL	
TITLE NAME	D GLEASON, BRIAN P.	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	4802 SOUTH PENINSULA DR. PONCE INLET FL	
TITLE NAME	D GLEASON, MICHAEL E., JR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	4802 SOUTH PENINSULA DR. PONCE INLET FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	1200 Edwards Ln Orlando FL 32804	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	440 Western Rd New Smyrna Bch FL 32168	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	1200 Edwards Ln Orlando FL 32804	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

386 257 4100

Date

Daytime Phone #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90102 044 \*\*\*150.00

C0065607



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)