

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90156 039 ***150.00

DOCUMENT # V45064

1. Entity Name
L.D. GIBSON, INC.



Principal Place of Business
**1616 20TH STREET SW
VERO BEACH FL 32962**

Mailing Address
**1616 20TH STREET SW
VERO BEACH FL 32962**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0346718

Applied For

Not Applicable

Zip

Country

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, LAURENCE D.
1616 20TH ST., SW
VERO BEACH FL 32962**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **GIBSON, LAURENCE D.**
STREET ADDRESS **1616 20 TH ST., SW**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Change ☒ Addition
NAME **John Glas**
STREET ADDRESS **2026 19 Ave SW**
CITY-ST-ZIP **Vero Beach, FL 32962**

TITLE **T** ☐ Delete
NAME **GIBSON, LAURENCE D.**
STREET ADDRESS **1616 20 TH ST., SW**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Change ☒ Addition
NAME **Benjamin Gibson**
STREET ADDRESS **1995 19 Ave. S.W.**
CITY-ST-ZIP **Vero Beach, FL 32962**

TITLE **DV** ☐ Delete
NAME **GIBSON, JUDY K.**
STREET ADDRESS **1616 20 TH ST., SW**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GIBSON, BETTY L.**
STREET ADDRESS **1615 20 TH ST., SW**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Delete
NAME **KEHLEY, BRIAN**
STREET ADDRESS **1946 16 AVE SW**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR

4-14-03 772-369-6221

Date

Daytime Phone #

CR2E034 (10/02)