

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90004 037 ***550.00

DOCUMENT # 467736

1. Entity Name
GULF COMMUNICATIONS & ELECTRONICS, INC.

Principal Place of Business 2172 TENTH STREET SARASOTA FL 34237-3412	Mailing Address 2172 TENTH STREET SARASOTA FL 34237-3412
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1617381		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOFF, LUTHER A
847 HUDSON AVENUE
SARASOTA FLORIDA FL 34237

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 _____ 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. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	GOFF, JAMES E	NAME	
STREET ADDRESS	2191 HYDE PARK ST	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 33577	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, KENNETH C	NAME	
STREET ADDRESS	2438 ICE CAPE DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 33577	CITY-ST-ZIP	
TITLE	DTP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, LUTHER A	NAME	
STREET ADDRESS	847 HUDSON AVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, AMBROSIA M	NAME	
STREET ADDRESS	847 HUDSON AVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BRIAN T. JONES
STREET ADDRESS		STREET ADDRESS	4902 EDGEWORTH COURT
CITY-ST-ZIP		CITY-ST-ZIP	SARASOTA, FL 34237
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: *Brian T. Jones* **BRIAN T. JONES** 6/1/01 (941) 955-7106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)