## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

K99894 DOCUMENT # 1. Entity Name

WEST GULF INVESTMENTS, INC.

Principal Place of Business Mailing Address % JEREMIAH A HUBBARD % JEREMIAH A HUBBARD



## Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90144 042 \*\*\*150.00

ER FL 34429 CRYSTAL RIVER FL 34429				1181 <b>618</b> 11 <b>618</b>		111 1111 1111	
Place of Business .	3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DAK CHECK HEBE IE	MAKING	CHANGES	•
				-		_ ,	
Crystal Ruler		. 12		59-2960073	59-2960073		pplied For ot Applicable
Country	Zip 34423-0875	Country	<b>5.</b> C	ertificate of Status Desired			
6. Name and Address of Current	Registered Agent		7. N	ame and Address of New Reg	istered A	gent	
), JEREMIAH A.	· • · ·	Name - Street Addre	ess (P.O. Bo	ox Number is Not Acceptable)	-	N	<u> </u>
AVE							
RIVER FL 34429							
		City			FL	Zip Cod	e
named entity submits this statement fo ions of registered agent.	r the purpose of changing its r	registered office or reg	jistered age	ent, or both, in the State of Florid	la. I am fa	miliar with,	and accept
Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	; Registered Agent signature re	equired when rein	nstating)	DATE		
ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	f State			Election Campaign Finan     Trust Fund Contribution.	cing		May Be I to Fees
OFFICERS AND	DIRECTORS	11.	ADD	DITIONS/CHANGES TO OFFICE	RS AND I	DIRECTOR	S IN 11
D HUBBARD, JEREMIAH A 520 SE 8 AVE CRYSTAL BIVER FL	☐ Delete	TITLE NAME STREET ADDRESS CUTY-ST-7IP				☐ Change	Addition
D STALCUP, WILLIAM J., II 520 SE 8 AVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Change	Addition
D HUBBARD, TANA W. 520 SE 8 AVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	Change	☐ Addition
D STALCUP, VICTORIA A. 520 SE 8 AVE CRYSTAL RIVER FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
	Country  6. Name and Address of Current  7. JEREMIAH A.  AVE RIVER FL 34429  named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent of Payable to Florida Department o	#, etc.   Suite, Apt. #, etc.	Suite	#. etc.   Suite, Apt. etc.   Sui	# ctc.   Suite, Apt. #, etc.   December 59-2960073      Country	Tince of Business  3. Mailing Address PO Bex 875  Sulte, Apr. #, etc.  Sulte, Apr. #, etc.  Cay & State Cay & State Cay & State Cay & State Country  JD Country JD 423-0835  6. Name and Address of Current Registered Agent Name  6. Name and Address of New Registered Agent Name  7. Name and Address of New Registered Agent Name  8. Street Address (PC. Box Number is Not Acceptable)  City FL 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 factors of registered agent.  Signatus, justed or princef remain of agreemed agent and store applicable.  (NOTE Registered Office or registered agent, or both, in the State of Florida. I am factors of registered agent.  City FL 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 factors of registered agent.  City FL 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 factors of registered agent.  City FL 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 factors of registered agent.  City FL Name Superior Address (PC. Box Number is Not Acceptable)  Signature Agent section of State of Florida. I am factors of registered agent.  City FL Name and Address of New Registered Agent section of State of States of Florida. I am factors of registered agent.  Register Address.  City-States Superior Address.  City-States Super	### Address of Business ### Address ### Ad

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:** 

4-21-03