

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90112 029 ****61.25

DOCUMENT # N01000006886



1. Entity Name
GULF OF MEXICO STATES PARTNERSHIP, INC.

Principal Place of Business Mailing Address
HENDRY, STONER, DELANCETT, & BROWN PA **HENDRY, STONER, DELANCETT, & BROWN PA**
200 E. ROBINSON ST., STE. 500 **200 E. ROBINSON ST., STE. 500**
ORLANDO FL 32801-1956 **ORLANDO FL 32801-1956**

JUUDJ771



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **59-3747735** 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

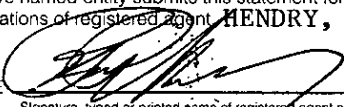
7. Name and Address of New Registered Agent

~~FLORIDA CORPORATE SUPPORT, INC.~~
HENDRY, STONER, DELANCETT & BROWN PA
200 E. ROBINSON ST., STE. 500
ORLANDO FL 32801-1956

Name
HENDRY, STONER, DELANCETT & BROWN, P.A.
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 **HENDRY, STONER, DELANCETT & BROWN, P.A.**

SIGNATURE , President 2/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SPRINGER, GARY L	
STREET ADDRESS	1930 DOLPHIN BLVD. S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HERZSTEIN, ROBERT	
STREET ADDRESS	655 15TH ST. NW	
CITY-ST-ZIP	WASHINGTON DC 20005	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRY, ROBERT R	
STREET ADDRESS	200 E. ROBINSON ST., STE. 500	
CITY-ST-ZIP	ORLANDO FL 32801-1956	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUAREZ-MIER MANUEL	
STREET ADDRESS	PISO 2 COL. LOS MORALES POLAASO	
CITY-ST-ZIP	MEXICO DF 11515	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POTTER, PHILLIP	
STREET ADDRESS	717 D STREET STE 310	
CITY-ST-ZIP	WASHINGTON DC 20004	
TITLE	S	<input type="checkbox"/> Delete
NAME	UPTON, ELLEN M	
STREET ADDRESS	5123 MUSSELLSHELL DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	WASHINGTON, DC 20005	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SUAREZ-MIER MANUEL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 REQUIRED**

CR2E037 (10/02)

Attachment

90063771

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2003 UNIFORM BUSINESS REPORT (continued)
DOCUMENT #N01000006886
GULF OF MEXICO STATES PARTNERSHIP, INC.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	D	Addition
Name	McKay, Benjamin J.	
Street Address	59 Church Street, Apt. 2	
City, State, Zip	Cambridge, Massachusetts 02138	

Title	D	Addition
Name	Ludwig, Richard	
Street Address	702 N. Franklin Street	
City, State, Zip	Tampa, Florida 33602	

Title	D	Addition
Name	Ruiz, Marco Miguel Munoz	
Street Address	Bld. M. Avila Camacho No. 201	
Street Address	Col. Flores Magon C.P. 91900	
City, State, Zip	Veracruz, Ver. Mexico	