

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

044561 AV

**DOCUMENT # P96000087642**

1. Entity Name  
**GULF CITIES MARKETING, INC.**

02-26-2002 90025 001 \*\*\*150.00

Principal Place of Business <b>1212 - 15TH STREET NORTH ST. PETERSBURG FL 33705</b>	Mailing Address <b>1212 - 15TH STREET NORTH ST. PETERSBURG FL 33705</b>
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**410400**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>9226 - 39TH LANE N.</b>	3. Mailing Address <b>9226 - 39TH LANE N.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PINELLAS PARK, FL</b>	City & State <b>PINELLAS PARK, FL</b>	4. FEI Number <b>59-3420802</b>	Applied For Not Applicable
Zip <b>33782-5911</b>	Country <b>PINELLAS</b>	Zip <b>33782-5911</b>	Country <b>PINELLAS</b>
6. Name and Address of Current Registered Agent <b>HILTON, N. HELEN 1212 - 15TH STREET NORTH ST. PETERSBURG FL 33705</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name <b>H. GRADY HILTON, JR.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>9226 - 39TH LANE N.</b>	
City <b>PINELLAS PARK, FL</b>	Zip Code <b>FL 33782-5911</b>

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HILTON, N. HELEN 1212 - 15TH STREET NORTH ST. PETERSBURG FL 33705</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HILTON, N. HELEN 9226 - 39TH LANE N. PINELLAS PARK, FL 33782-5911</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HILTON, JR. H 1212-15TH ST. N. ST. PETERSBURG FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HILTON, JR. H. GRADY 9226 - 39TH LANE N. PINELLAS PARK, FL 33782-5911</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **H. GRADY HILTON, JR.** **01/09/2002** **927-576-1571**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #