2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106968 1. Entity Name GULFSCAPE DESIGNS, INC.					Secretary of State 01-24-2002 90378 004 ***150.00			
Principal Place of Business 5416 HWY. 98 WEST SANTA ROSA BEACH FL 32459		Mailing Address 112 VAL MONTE LANE GUNTERSVILLE AL 35976 US				- 1 111 1		
2. Principal Place of Business		3. Mailing Address			1	BANAK KIBU OBNIO BINYA IDII(
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI	4. FEI Number 63-1190276 Applied For Not Applicable			
Zip ;	Country	Zip	Country	5 . Ce	rtificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current R	egistered Agent		7. Na	ne and Address of New Rec	,		
- Karaka			Name					
DOWDY, STEPHEN M 5416 HWY. 98 WEST SANTA ROSA BEACH FL 32459			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
SANIA K	USA BEACH FL 32409		City			FL Zip Cod	le	
	e name Fentity (The Ris Hatemes De					1		
Tax filing	Signalure, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW!	E: Registered Agent signature!! FEE IS \$150.0 22 Fee will be \$55 35 ble to Department	e required when reins 0 60.00	ating) 10. Election Campaign Finar Trust Fund Contribution.		0 May Be	
11.	OFFICERS AND D	IRECTORS	12.	ADDI	TIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOWDY, STEPHEN M 5416 HIGHWAY 98 WEST SANTA ROSA BEACH FL 32459	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOWDY, ANN L 112 VAL MONTE LANE GUNTERSVILLE AL 35976	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOWDY, F R 112 VAL MONTE LANE GUNTERSVILLE AL 35976	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, wi	rue and accurate and that n vered to execute this report	ny signature shall ha	ve the same led	al effect as if made under oat	h; that I am an officer	or director	

SIGNATURE:

DESCRIPTION OF THE PROPERTY OF

SECTRES

1.8.02

256.533.9105

Date

Daytime Phone