

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **003000**

1. Entity Name **Gulf Trading of Carrabelle, Inc.**

APPROVED
AND
FILED

01 APR 27 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2323 EnaBob St.
Lanark Village, FL
32323**

Mailing Address
**P.O. Box 1336
Carrabelle, FL
32322**

2. Principal Place of Business
2323 EnaBob Street

3. Mailing Address
P.O. Box 1336

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lanark Village, FL

City & State
Carrabelle, FL

Zip
32323

Country
Franklin

Zip
32322

Country
Franklin

4. FEI Number
59-2967839

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**William E. Pope
2323 EnaBob St.
Carrabelle, FL 32323**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 **William E. Pope** (NOTE: Registered Agent signature required when reinstating)

DATE **4-28-2001**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE P	Marvin Martz <input type="checkbox"/> Delete
NAME	P.O. Brown 546
STREET ADDRESS	Shannon, Ill. 61078
CITY-ST-ZIP	
TITLE S-T	William E. Pope <input type="checkbox"/> Delete
NAME	P.O. Box 1336
STREET ADDRESS	Carrabelle, FL 32322
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	

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: **William E. Pope** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: **4-28-2001**

DAYTIME PHONE #

CR2E034 (11/00)