

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90497 044 \*\*\*150.00

DOCUMENT # **237842** ✓  
 1. Entity Name  
**GULF-SHAMROCK INC**

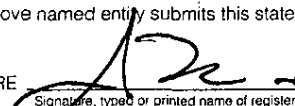
Principal Place of Business  
**VENICE FLA.**  
 Mailing Address  
**PO BOX 637**  
**VENICE, FLA**  
**34284-0637**

**641807**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>257 WARFIELD AVE</b>		3. Mailing Address <b>PO BOX 637</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>VENICE, FLA</b>		City & State <b>VENICE, FLA</b>	
Zip <b>34292</b>	Country <b>USA</b>	Zip <b>34284</b>	Country <b>USA</b>
4. FEI Number <b>590903983</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

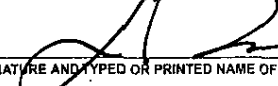
6. Name and Address of Current Registered Agent <b>JOHN P. HILL III</b> <b>276 WISTERIA RD</b> <b>VENICE, FLA. 34293</b>		7. Name and Address of <del>Now</del> Registered Agent Name <b>JOHN P. HILL III</b> Street Address (P.O. Box Number is Not Acceptable) <b>276 WISTERIA RD</b> City <b>VENICE</b> FL Zip Code <b>34293</b>	
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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  **JOHN P. HILL III PRES** DATE **3/12/2001**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 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</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>JOHN P. HILL III</b>	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>257 WARFIELD AVE</b>	STREET ADDRESS	CITY-ST-ZIP <b>VENICE, FL 34292</b>	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	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:  **JOHN P. HILL III** DATE **3/12/2001** DAYTIME PHONE # **941-485-5402**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)