

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90079 034 ***150.00

DOCUMENT # 395617

1. Entity Name
GULF REAL ESTATE INVESTMENTS, INC.



Principal Place of Business

~~2612 W 15TH STREET~~
PANAMA CITY FL 32401
US

Mailing Address

P.O. BOX 1627
PANAMA CITY FL 32402

7004467



2. Principal Place of Business

2080 RIVERGATE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

2080 Rivergate DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Orange Park, FL

City & State

Orange Park, FL

4. FEI Number

59-1431213

Applied For

Not Applicable

Zip

32003

Country

USA

Zip

32003

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~TILLMAN, H N~~
~~2612 W. 15TH STREET~~
~~PANAMA CITY FL 32401~~

7. Name and Address of New Registered Agent

Name
Roxanne STRICKLAND

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

2080 Rivergate DR

City

Orange Park

FL

Zip Code

32003

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TILLMAN, H N
215 MOONLIGHT BAY DRIVE
PANAMA CITY BEACH FL 32407 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
STRICKLAND, ROXANNE
2080 RIVERGATE DRIVE
ORNAGE PARK FL 32073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
☒ Change ☐ Addition
32003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ESTATE OF MARGARET T. FLOURNEY
P.O. BOX 1627
PANAMA CITY FL 32402 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-3 (101) 505-7959

CR2E034 (10/02)