

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 724457

FILED
Apr 29, 2003
Secretary of State

Entity Name: GULLWING APARTMENT CONDOMINIUM, INC.

Current Principal Place of Business:

GULLWING APT. CONDO
1916 SE 43RD ST
CAPE CORAL, FL 339045444 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 100831
CAPE CORAL, FL 33910 US

New Mailing Address:

PROFESSIONALLY YOURS INC
PO BOX 100831
CAPE CORAL, FL 33910 US

FEI Number: 59-1544955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, BARBARA
PROFESSIONALLY YOURS, INC.
1342 SE 46TH LANE #3
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

CAMPBELL, PHILIP
PROFESSIONALLY YOURS, INC.
1342 SE 46TH LANE #3
CAPE CORAL, FL 33904 US

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: PHILIP CAMPBELL

04/29/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OSMAN, ROBERT
Address: 1912 SE 43RD STREET #111
City-St-Zip: CAPE CORAL, FL 33904 US

Title: SD () Delete
Name: SUMMERS, AL
Address: 1920 SE 43RD STREET #114
City-St-Zip: CAPE CORAL, FL 33904 US

Title: TD () Delete
Name: SWEENEY, SUSAN
Address: 1908 SE 43RD STREET #105
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VD () Delete
Name: SICA, SALVATORE
Address: 1926 SE 43RD STREET #223
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VD () Delete
Name: GILLEN, DOUGLAS
Address: 5006 THOMAS AVE., N
City-St-Zip: MINNEAPOLIS, MN 55430 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ROCHELLE, SONNIE
Address: 1912 SE 43RD STREET #112
City-St-Zip: CAPE CORAL, FL 33904 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GILLEN, DOUGLAS
Address: 5006 THOMAS AVE., N
City-St-Zip: MINNEAPOLIS, MN 55430 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT OSMAN

PD

04/29/2003

Electronic Signature of Signing Officer or Director

Date