

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90007 022 ****61.25

DOCUMENT # 752423

1. Entity Name

GULF SPECIMEN MARINE LABORATORIES, INC.

Principal Place of Business

Mailing Address

222 CLARK DRIVE
P.O. BOX 237
PANACEA FL 32346
US

222 CLARK DR
P.O. BOX 237
PANACEA FL 32346
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2021454

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUDLOE, ANNE
222 CLARK DRIVE
PANACEA FL 32346**

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **RUDLOE, JACK J.**
STREET ADDRESS **275 CLARK DRIVE**
CITY-ST-ZIP **PANACEA FL**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Culpepper, James**
CITY-ST-ZIP **2121 Amherst St
Palo Alto, Ca.**

TITLE **ST** ☐ Delete
NAME **RUDLOE, JACK J.**
STREET ADDRESS **275 CLARK DRIVE**
CITY-ST-ZIP **PANACEA FL**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Frisby, David**
CITY-ST-ZIP **265 W Madison St
Manticello, FL**

TITLE **V** ☐ Delete
NAME **RUDLOE, JACK J.**
STREET ADDRESS **275 CLARK DRIVE**
CITY-ST-ZIP **PANACEA FL**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **McMurray, Charles**
CITY-ST-ZIP **115 N Franklin Blvd
Tallahassee, FL**

TITLE **PD** ☐ Delete
NAME **RUDLOE, ANNE**
STREET ADDRESS **275 CLARK DRIVE**
CITY-ST-ZIP **PANACEA FL**

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

TITLE **D** ☐ Delete
NAME **ARONSON, MILTON**
STREET ADDRESS **5820 BIKINI WAY SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **D** ☐ Delete
NAME **LANDERS, JAY**
STREET ADDRESS **5009 BRILL POINT**
CITY-ST-ZIP **TALLAHASSEE FL**

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

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 617, 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: Anne Rudloe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01 8509845297
Date Daytime Phone #

CR2E037 (10/00)