

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 841808**

1. Entity Name

GULF STATES, INCORPORATED**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90058 014 ***150.00

Principal Place of Business

**4585 PROGRESS AVE
UNIT 2
NAPLES FL 34104
US**

Mailing Address

**4901 GULF SHORE BLVD.
#2102
NAPLES FL 34103-2648
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **16-0962308**Applied For
Not Applicable5. 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

**MADISON, DEANE F
4901 GULF SHORE BLVD
APT 2102
NAPLES FL 34103**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MADISON, MICHELLE R.	
STREET ADDRESS	4901 GULF SHORE BLVD NO.	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	S	<input type="checkbox"/> Delete
NAME	MADISON, PHYLLIS J.	
STREET ADDRESS	4901 GULF SHORE BLVD NO.	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, CINDY L.	
STREET ADDRESS	20520 CHARING CROSS CIR.	
CITY-ST-ZIP	ESTERO FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	MADISON, DEANE	
STREET ADDRESS	4901 GULF SHORE BLVD	
CITY-ST-ZIP	NAPLES FL 34203	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROGERS, MARTIN	
STREET ADDRESS	611 HICKORY RD	
CITY-ST-ZIP	NAPLES FL 34108	
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"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CEO. 1-6-00 941-2637137