

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 841808**

1. Entity Name

GULF STATES, INCORPORATED**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90095 012 ***150.00

Principal Place of Business

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

Mailing Address

**4901 GULF SHORE BLVD.
#2102
NAPLES FL 33940
US****00006639**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **16-0962308**

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

**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MADISON, MICHELLE R.**
STREET ADDRESS **4901 GULF SHORE BLVD NO.**
CITY-ST-ZIP **NAPLES FL 34103**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **MADISON, PHYLLIS J.**
STREET ADDRESS **4901 GULF SHORE BLVD NO.**
CITY-ST-ZIP **NAPLES FL 34103**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **JOHNSON, CINDY L.**
STREET ADDRESS **20520 CHARING CROSS CIR.**
CITY-ST-ZIP **ESTERO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CEO** ☐ Delete
NAME **MADISON, DEANE**
STREET ADDRESS **4901 GULF SHORE BLVD**
CITY-ST-ZIP **NAPLES FL 34203**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **ROGERS, MARTIN**
STREET ADDRESS **611 HICKORY RD**
CITY-ST-ZIP **NAPLES FL 34108**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 #

CR2E034 (10/00)