2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
05-24-2001 90002 028 ***150.00

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1. Entity Name
GULFSTREAM Group, Inc. of DELAWARE

659772

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 751 950 SULLIVAN AVE #19 SOUTH WINDSOR, CT 06074 860-644-4024	

2. Principal Place of Business	3. Mailing Address
950 SULLIVAN AVE #19	2070 N.W. 7TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SOUTH WINDSOR, CT	MIAMI, FL
City & State	City & State
MIAMI, FL	
Zip: 06074 Country: USA	Zip: 33125 Country: USA

4. FEI Number 06-1226031 ☐ Applied For ☐ Not Applicable

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
MARK F. BUTLER C/O GULFSTREAM GROUP, INC. 2070 N.W. 7TH ST. MIAMI, FL 33125	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: Mark F. Butler DATE: 5/07/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE MONTH FEE IS $150.00
After MAY 1, 2001 Fee will be $500.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT - TREASURER MARK F. BUTLER 96 SUNSET TERR. SOUTH WINDSOR, CT. 06074	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ARTHUR L. CLOUGH 8A RIVERVIEW DR. EAST WINDSOR, CT. 06088	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Mark F. Butler 5/07/2001 860-644-4024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)