


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90093 020 ***150.00

DOCUMENT # F02000005263

1. Entity Name
GULF MANAGEMENT LIMITED, INC.



Principal Place of Business
**BERRISFORD HOUSE, BERRISFORD ST.
ST. HELIER, JERSEY
CHANNEL ISLANDS JE4 OPG**

Mailing Address
**515 BAYVIEW DR.
BRADENTON BEACH FL 34217
Holmes**

2. Principal Place of Business
ST Helier Jersey Channel Islands

3. Mailing Address
515 Bayview Dr

Suite, Apt. #, etc.

City & State
JERSEY

City & State
Holmes Braden FL

Zip
JE4 OPG

Country
Channel Islands

Zip
34217

Country
USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SILVERMAN, STEVE
1240 DOLPHIN BAY WAY #503
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
N/A
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	D ELLIS, JOHN CHARLES
STREET ADDRESS	LA VALERIANE
CITY-ST-ZIP	RICHEBOURG, HAUTE SAVOIE FRA 74360
TITLE	<input type="checkbox"/> Delete
NAME	D LEWIN, COLIN
STREET ADDRESS	LA VALERIANE
CITY-ST-ZIP	RICHEBOURG, HAUTE SAVOIE FRA 74360
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 REQUIRED** *8 APRIL 03 727 515 1234*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)