

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 0PG**

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.

Suite, Apt. #, etc.

BERRISFORD HOUSE BERRISFORD ST

City & State

BRADENTON HOLMES BEACH FL

City & State

JERSEY

Zip

JE4 0PG

Country

CHANNEL ISLANDS

Zip

34217

Country

USA

4. FEI Number

N/A

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ 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)

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

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

(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 ☐ Delete
NAME **D**
STREET ADDRESS **ELLIS, JOHN CHARLES**
CITY-ST-ZIP **LA VALERIANE
RICHEBOURG, HAUTE SAVOIE FRA 74360**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LEWIN, COLIN**
CITY-ST-ZIP **LA VALERIANE
RICHEBOURG, HAUTE SAVOIE FRA 74360**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 APRIL 03 727 515 1234

Date

Daytime Phone #

CR2E034 (10/02)