

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004612

1. Entity Name

GULF CHARTERS INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90091 048 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 900
SOUTH HOUSTON TX 77587

P.O. BOX 900
SOUTH HOUSTON TX 77587-0900

2. Principal Place of Business

3. Mailing Address

1278 Lamar RD
Suite, Apt. #, etc.

P.O. Box 900
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

76-0615672

Applied For

Not Applicable

Zip
33903

Country
USA

Zip
77587

Country
USA

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

CONNER, ROBERT
1257 LAMAR ROAD
NORTH FORT MYERS FL 33903

Name

Robert G. Conner

Street Address (P.O. Box Number is Not Acceptable)

1278 Lamar Rd (LOCAL ADDRESS)

City

At Meyers FL 33903 FL

Zip Code

33903

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 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
CP
CONNER, ROBERT G
1502 GALVESTON STREET
SOUTH HOUSTON TX 77587 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)