

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90036 033 \*\*\*163.75

DOCUMENT # **F99000004612**

1. Entity Name

**GULF CHARTERS INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1257 LAMAR RD**

3. Mailing Address

**P.O. Box 900**

Suite, Apt. #, etc.

**Ft Myers FL**

Suite, Apt. #, etc.

City & State

City & State

**So Houston tx 77587**

Zip **33903**

Country **USA**

Zip **77587**

Country **USA**

4. FEI Number

**76 0615672**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Robert G. Conner**

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

**1502 Galveston St 1257 LAMAR RD**

**Ft Myers FL 33903**

City

**So Houston tx**

**FL**

Zip Code

**77587**

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

**Robert Conner**

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

(NOTE: Registered Agent signature required when reinstating)

**04/26/02**

DATE

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

☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President  
Robert G. Conner  
1502 Galveston St  
So Houston tx 77587**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
Robert G. Conner  
As Above**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Secretary  
Robert G. Conner  
As Above**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Treasurer  
Robert G. Conner  
As Above**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Chairman  
Robert G. Conner  
As Above**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Robert Conner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/26/02**

Date

Daytime Phone #

**941 652 4600  
713 941 2877**

CR2E034B (12/01)