

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

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90055 026 ***150.00

DOCUMENT # F99000004612
1. Entity Name
GULF CHARTERS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1254 PINEY ROAD

3. Mailing Address
P.O. Box 900

Suite, Apt. #, etc.
NORTH Ft MYERS FL

Suite, Apt. #, etc.
City & State

City & State
So Houston tx 77581

City & State
Zip 33903

Country
USA

Country
USA

4. FEI Number
76 0615672

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert G. Conner

Street Address (P.O., Box Number is Not Acceptable)
1254 PINEY ROAD

N. Ft MYERS FL 33903

City, State, Zip
PH 941 652-4600

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 G. Conner DATE 04/2/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

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 \$81.25
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	<u>President</u> <u>Robert G. Conner</u> <u>1502 galveston st</u> <u>So Houston tx 77581</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>850 245 6500</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VP</u> <u>Robert G. Conner</u> <u>As above</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary</u> <u>Robert G. Conner</u> <u>As above</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Treasurer</u> <u>Robert G. Conner</u> <u>As above</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Chairman</u> <u>Robert G. Conner</u> <u>As above</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 access with all other like empower.

SIGNATURE: Robert G. Conner DATE 04/2/02 941 652 4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR