

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G57372**

1. Entity Name

GULF SPORTSWEAR, INC.

FILED

00 APR -3 PM 12: 55

Principal Place of Business

% CHARLES N. BARRETT
805 E. PIERSON DRIVE
LYNN HAVEN FL 32444

Mailing Address

% CHARLES N. BARRETT
805 E. PIERSON DRIVE
LYNN HAVEN FL 32444-3178

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

805 E. PIERSON

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lynn Haven, FL

4. FEI Number

59-2374383

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

32444

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRETT, CHARLES N.
805 E. PIERSON DRIVE
LYNN HAVEN FL 32444**

Name

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

000003236430-9

-05/03/00-01030-007

City

*****150.00**

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	<input type="checkbox"/> Delete
PD	BARRETT, CHARLES N	805 E PIERSON DR	LYNN HAVEN FL	<input type="checkbox"/>
D	BARRETT, JESEFER	805 E PIERSON DR	LYNN HAVEN FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE:

CHARLES N. BARRETT *Charles N. Barrett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-2000

Date

850 265-3024

Daytime Phone #

CFR2E034 (9/99)