## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # H65082** 1. Entity Name **GULF STATE REALTY, INC.**

Mar 03, 2000 8:00 am Secretary of State 03-03-2000 90248 050 \*\*\*150.00

Principal Place of Business  C/O ROBERT M. DUFF 1919 COURTNEY DR., STE. 15 FT. MYERS FL 33901 US  2. Principal Place of Business  Suite, Apt. #, etc.  City & State		Mailing Address  C/O ROBERT M. DUFF 1919 COURTNEY DR STE. 15 FT. MYERS FL 33901-9030 US  3. Mailing Address  Suite, Apt. #, etc.  City & State							
					T (BANG)) BING BING BING BENGU (BING )	181 <b>8</b> 1811 81811 8181	11 <b>818</b> 11 <b>8</b> 18	<b>   </b>	
					DO NOT WRITE IN THIS SPACE  4. FEI Number 59-2560542 Applied For Not Applicable				
				$\neg$					
				4. F					
Zip Country		Zip Country		5. Certificate of Status Desired Sa.75 Additional Fee Required					
	6. Name and Address of Current F	Registered Agent	<u> </u>	7. N	ame and Address of New Re		<u>:.</u>		1
	or Name and Address of Carton.	rogiotel de rigoti	Name			<u> </u>			
1919	F, ROBERT M. O COURTNEY DR.	سه مرده	Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
	TE 15 MYERS, 33901		City			EI T	Zip Code	<u> </u>	
						FL			ļ
SIGNATURE  Signature, typed or printed name of registered agent ar  9. This corporation is eligible to satisfy its Intangible Tax filling 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		00 State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees				
11.	OFFICERS AND I	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFI				۱,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUFF, ROBERT M. 1919-15 COURTNEY DRIVE FORT MYERS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		Change	Addition	70,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
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TITLE	·	Delete	TITLE				Change	Addition	1

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 export 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 trosted 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 orderess with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS