

2000 UNIFORM BUSINESS REPORT (UBR) AMENDED FILED

DOCUMENT # **H79441**
 1. Entity Name
GULF COMPONENTS, INC.

00 MAY -1 AM 11:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5100 N. FEDERAL HWY. #300 SAME
FORT LAUDERDALE, FL 33308

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2591297** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RANEY, AUGUSTUS, E.
5100 N. FEDERAL HWY. #300
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent
 Name **N/A**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. ☐ **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	PRES. TREASURER	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANEY, AUGUSTUS, E.		NAME	RANEY, AUGUSTUS E.	
STREET ADDRESS	SAME AS ABOVE		STREET ADDRESS	5100 N. FEDERAL HWY. #300	
CITY-ST-ZIP			CITY-ST-ZIP	FY LAUDERDALE, FL 33308	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATES, STEVEN		NAME	BETH LAHTELA	
STREET ADDRESS	10513 ST.		STREET ADDRESS	5100 N. FEDERAL HWY. #300	
CITY-ST-ZIP	COLUMBUS, GA 31901		CITY-ST-ZIP	FY LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Delete	TITLE	VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	FRANK NOSEK	
STREET ADDRESS			STREET ADDRESS	5100 N. FEDERAL HWY. #300	
CITY-ST-ZIP			CITY-ST-ZIP	FY LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOANN RAICHE	
STREET ADDRESS			STREET ADDRESS	5100 N. FEDERAL HWY. #300	
CITY-ST-ZIP			CITY-ST-ZIP	FY LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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☐ Change ☐ Addition

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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:  **4/28/00 954) 492-5383**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)