

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K84666

1. Entity Name

GULF BAY CHEMICAL CO.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90145 006 ***150.00

Principal Place of Business

Mailing Address

10740-47TH ST N
CLEARWATER FL 33762
US

P O BOX 21662
ST PETERSBURG FL 33742-1662
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2953265

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, WALTER E., ESQ
1301 4 ST N
P.O. BOX 27
ST PETERSBURG FL 33731

Name

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.
(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	PD	☐ Delete
NAME	ASHLINE, WILLIAM G.	
STREET ADDRESS	1112 40 AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	☐ Delete
NAME	ASHLINE, ELAINE R.	
STREET ADDRESS	1112 40 AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DS	☐ Delete
NAME	ASHLINE, BLAIR A.	
STREET ADDRESS	3792 ARKANSAS AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DT	☒ Delete
NAME	GRACE, CHARLES DAVID	
STREET ADDRESS	161 114TH AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	☐ Delete
NAME	HAYDEN, MARTHA P	
STREET ADDRESS	941 WOODGATE DR	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaine R. Ashline
Elaine R. Ashline

Date

4-25-00

Daytime Phone #

727-572-4514

CR2E034 (9/99)