

2001 UNIFORM BUSINESS REPORT (UBR)

0022963 AF

DOCUMENT # L00000005891

1. Entity Name
GULFWATER SALES, LLC

FILED

01 APR -3 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7009 EDENBROOK COURT
TAMPA FL 33634

Mailing Address

7009 EDENBROOK COURT
TAMPA FL 33634

2. Principal Place of Business

2439 MADRID AVE

3. Mailing Address

2439 MADRID AVE

Suite, Apt. #, etc.

SAFETY HARBOR, FL

Suite, Apt. #, etc.

City & State

City & State

SAFETY HARBOR, FL

4. FEI Number

59-3647474

Applied For

Not Applicable

Zip

Country

34695

HILLSBOROUGH

Zip

Country

34695

HILLSBOROUGH

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAGLE, DENNIS C

7009 EDENBROOK COURT

TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

DENNIS C. NAGLE

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

2439 MADRID AVE

City

SAFETY HARBOR

FL

Zip Code

34695

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

FILE-NOW!!! FEE-IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE PRESIDENT
NAME DENNIS C. NAGLE
STREET ADDRESS 2439 MADRID AVE
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE V-P
NAME LINDA S. NAGLE
STREET ADDRESS 2439 MADRID AVE
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

DENNIS C. NAGLE

Date

Daytime Phone #

CR2E083 (11/00)