

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90126 020 ****50.00

DOCUMENT # L00000009212

1. Entity Name

GULF WATERS, LLC

Principal Place of Business

**3523 DEL PRADO BLVD.
 CAPE CORAL FL 33904**

Mailing Address

**PO BOX 100488
 CAPE CORAL FL 33910**

2. Principal Place of Business

**1031 Cape Coral Parkway
 Suite, Apt. #, etc.
 204**

3. Mailing Address

**PO BOX 100488
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral Florida

City & State

Cape Coral FL

4. FEI Number

36-4387229

Applied For

Not Applicable

Zip

Country

33904 Lee

Zip

Country

33910 Lee

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WOLFLEY, DAVID
 3523 DEL PRADO BLVD.
 CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name **David Wolfley**
 Street Address (P.O. Box Number is Not Acceptable)
4250 1ST AVE. NW

City **Naples** FL Zip Code **34119**

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]
 Signature and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-15-02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **WOLFLEY, DAVID**
 STREET ADDRESS **4250 1ST AVE. NW**
 CITY-ST-ZIP **NAPLES FL 34419**

TITLE **MGRM** ☐ Delete
 NAME **Tom Chubokas**
 STREET ADDRESS **216 SE 19E TRUNK RD**
 CITY-ST-ZIP **Cape Coral, FL 33910**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03-15-02

941-216-2585

Date

Daytime Phone #

CR2E083 (9/01)