

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90190 011 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000002821

1. Entity Name
GULF FINANCIAL, LLC



Principal Place of Business
**7650 COURTNEY CAMPBELL CSWY, SUITE 1120
TAMPA, FL 33607**

Mailing Address
**7650 COURTNEY CAMPBELL CSWY, SUITE 1120
TAMPA, FL 33607**

2. Principal Place of Business
712 S. Oregon Ave.
Suite, Apt. #, etc.
200

3. Mailing Address
712 S. Oregon Ave.
Suite, Apt. #, etc.
200

City & State
Tampa, FL
Zip
33606 Country
U.S.

City & State
Tampa, FL
Zip
33606 Country
U.S.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
460-41-5457

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, LEONARD H
37837 MERIDIAN AVENUE, SUITE 314
DADE CITY, FL 33525**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGR William A. Krusen III
712 S. Oregon Ave, Suite 200
Tampa, FL 33606**

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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: William A. Krusen III

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

4-25-03

Date

813-837-3009

Daytime Phone #

CR2E083 (10/02)