

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90347 001 ***600.00

DOCUMENT # L22899

1. Entity Name

GULFWIND MARINE ENTERPRISES, INC.

Principal Place of Business

**1601 KEN THOMPSON PKWY
SARASOTA FL 34236**

Mailing Address

**1601 KEN THOMPSON PKWY
SARASOTA FL 34236
US**

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

65-0168277

Applied For

Not Applicable

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

**ROBERTSON, WILLIAM E. J
1601 KEN THOMPSON PKWY
SARASOTA FL 34236**

Name

FERGESON, JAMES O JR

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

1515 RINGLING BLVD #1000

City

SARASOTA**FL**

Zip Code

34236

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

4/5/019. 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, 2001 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	DP	<input checked="" type="checkbox"/> Delete
NAME	WHIPP, EUGENE M.	
STREET ADDRESS	1601 KEN THOMPSON PKWY	
CITY-ST-ZIP	SARASOTA FL 34230	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	WHIPP, NORMA C.	
STREET ADDRESS	1601 KEN THOMPSON PKWY	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, PETER	
STREET ADDRESS	1601 KEN THOMPSON PKWY	
CITY-ST-ZIP	SARASOTA FL 34236-1005	

TITLE	VP, S, T, CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GUTSHALL, LAU F	
STREET ADDRESS	1601 KEN THOMPSON PKWY	
CITY-ST-ZIP	SARASOTA FL 34236-1005	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AT	<input type="checkbox"/> Delete
NAME	SAVAGE, MARCIA	
STREET ADDRESS	1601 KEN THOMPSON PKWY	
CITY-ST-ZIP	SARASOTA FL 34236-1005	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME	LYNCH, W. TERRY	
STREET ADDRESS	7090 PLACIDA ROAD	
CITY-ST-ZIP	CAPE HAZE, FL 33946	

TITLE	P, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Marcia Savage*

MARCIA SAVAGE, ASST TREAS. 4/6/2001 (941) 365-8220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)