

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L44892**

1. Entity Name

**GULF AIR BOATS, INC.**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90162 037 \*\*\*158.75

Principal Place of Business

Mailing Address

% JOSEPH E. BRODESSER  
17279 SAN CARLOS BLVD  
FORT MYERS BEACH FL 33931  
US

17279 SAN CARLOS BLVD.  
FT MYERS FL 33931-5357  
US

2. Principal Place of Business

% Joseph E. Brodesser

3. Mailing Address

18101 DEEP PASSAGE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

18101 DEEP PASSAGE LANE

FT. MYERS BEACH, FL

City & State

City & State

FT. MYERS BEACH, FL

Zip  
33931

Country  
U.S.A.

Zip  
33931

Country  
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0172072

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

BRODESSER, JOSEPH E.  
17279 SAN CARLOS BLVD.  
FT MYERS BEACH FL FL 33931

Name

BRODESSER Joseph E.

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

18101 DEEP PASSAGE LANE

City

FT. MYERS BEACH

FL

Zip Code

33931

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

JOSEPH E. BRODESSER

Joseph E. Brodesser

1/10/00

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	D	<input type="checkbox"/> Delete
NAME	BRODESSER, JOSEPH E.	
STREET ADDRESS	17279 SAN CARLOS BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	18101 DEEP PASSAGE LANE
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input 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:

Joseph E. Brodesser

JOSEPH E. BRODESSER

1/10/00

941-466-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)