2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # L44892

1. Entity Name

GULF AIR BOATS, INC.



Principal Place of Business % JOSEPH E. BRODESSER 78101 DEEP PASSAGE LANE FORT MYERS BEACH FL 33931 US

Mailing Address % Joseph E. Brodesser 78101 DEEP Passage Lane Fort Myers Beach Fl 33931 US FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90201 034 ***158.75



2. Principal	THE COURSE AND	3. Mailing Address (8 o Den Suite, Apt. #, etc.	P PASSACE			
City & Ch				CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0172072 Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
BRODESSER, JOSEPH E.			Name	Name		
	EEP PASSAGE LANE IŞ BEACH FL FL 33931	oK	Street Add	dress (P.O. Box Number is Not Acceptable)		
9 The above			City	FL Zip Code		
SIGNATURE .	Signature, typed or printed name of registered agent		NE: Registered Agent signature re	registered agent, or both, in the State of Florida. I am familiar with, and accept a required when reinstating)		
Aftei	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
TITLE	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	BRODESSER, JOSEPH E. 78101 DEEP PASSAGE LANE FORT MYERS BEACH FL 33931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	rtify that the information supplied with t	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		

12. Thereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

237-466-3355 Dayline Phone #