## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## L85097 **DOCUMENT #** 1. Entity Name **GULFWIND PROPERTIES, INC.**



## **FILED** Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90199 041 \*\*\*150.00

Principal Place of Business P O BOX 17494 CLEARWATER FL 33762-0494 US		Mailing Address P O BOX 17494 CLEARWATER FL 33762-0494 US			
2. Principal Place of Business		3. Mailing Address			IL 1401 BIBIT BIBIT BIBIT BIBIT BIBIT BIBIT JOBI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 06-1306275	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New R	egistered Agent
			Name		
KAGELS, R	ICHARD T.		Street Add	ress (P.O. Box Number is Not Acceptable)	
3651 93 A	VE N		Street Addi	ress (F.O. Box Number is Not Acceptable,	' ·
PINELLAS PARK FL 33782					
			City		FL Zip Code
3. 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 signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				<ol> <li>Election Campaign Fin Trust Fund Contribution</li> </ol>	- <b>40.00</b> ma, 20
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 11
	PD	☐ Delete	TITLE		Change Addition
	KAGELS, RICHARD T.	C Detete	NAME		
	3651 93 AVE N		STREET ADDRESS		
	PINELLAS PARK FL 33782		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		_
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	ertify that the information supplied with	this filing does not qualify for		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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

Daytime Phone #