

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002636

1. Entity Name

GULFWIND USA, LLC

FILED

01 FEB 15 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

18167 US HIGHWAY 19 NORTH
SUITE 499
CLEARWATER, FL 33764

Mailing Address

18167 US HIGHWAY 19 NORTH
SUITE 499
CLEARWATER, FL 33764

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

52-2282952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORP DIRECT AGENTS
103 N MERIDIAN STREET
LOWER LEVEL
TALLAHASSEE, FL 32301

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C WILLIAM H. MCGILL, JR
18167 US 19 N, STE 499
CLEARWATER, FL 33764 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ED RUSSELL
18167 US 19 N, STE 499
CLEARWATER, FL 33764 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S/T
MICHAEL H. McLAMB
18167 US 19 N, STE 499
CLEARWATER, FL 33764 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003709047--2
-02/19/01-01023-019
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
KURT M. FRAHN
18167 US 19 N, STE 499
CLEARWATER, FL 33764 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
JACK P. EZZELL
18167 US 19 N, STE 499
CLEARWATER, FL 33764 ☐ 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

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:

Kurt Frahn

Kurt Frahn

2/13/01

(727) 531-1700

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

Date

Daytime Phone #

CR2E083 (1/100)