

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90068 027 ****61.25

DOCUMENT # N01000006886

1. Entity Name

GULF OF MEXICO STATES PARTNERSHIP, INC.

933224



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O HENDRY, STONER, SAWICKI & BROWN, P.A. 200 E. ROBINSON ST., STE. 500 ORLANDO FL 32801-1956	C/O HENDRY, STONER, SAWICKI & BROWN, P.A. 200 E. ROBINSON ST., STE. 500 ORLANDO FL 32801-1956

2. Principal Place of Business	3. Mailing Address
C/O Hendry, Stoner, Delancett & Brown, P.A. Suite, Apt. #, etc.	C/O Hendry, Stoner, Delancett & Brown, P.A. Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
		59-3747735	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA CORPORATE SUPPORT, INC. C/O HENDRY, STONER, SAWICKI & BROWN, P.A. 200 E. ROBINSON ST., STE. 500 ORLANDO FL 32801-1956	Name HENDRY, STONER, DELANCETT & BROWN, P.A. 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.
HENDRY, STONER, DELANCETT & BROWN, P.A.
SIGNATURE BY: *[Signature]* 2/8/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
--------------------------	--	---

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SPRINGER, GARY L 1930 DOLPHIN BLVD. S. ST. PETERSBURG FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HERZSTEIN, ROBERT 655 15TH ST. NW WASHINGTON DC 20005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HENDRY, ROBERT R 200 E. ROBINSON ST., STE. 500 ORLANDO FL 32801-1956 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SUAREZ-MIER, MANUEL Jaimé Balmés 14, Edif. D, Piso 2 Col. Los Morales Rincón MEXICO D.F. 11515, MEXICO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP POTTER, Phillip 717 D Street, Suite 310 Washington, D.C. 20004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S Lipton, MARY ELLEN 15123 mussellsheil Drive NEW Port Richey, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, 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: *[Signature]* SIGNATURE REQUIRED GARY L. SPRINGER 2/20/02 727-409-354

CR2E037 (9/01)

Attachment
933224

2002 UNIFORM BUSINESS REPORT (continued)
DOCUMENT # N01000006886
GULF OF MEXICO STATES PARTNERSHIP, INC.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	D	Addition
Name	McKay, Benjamin J.	
Street Address	The Capitol, PL-2	
City - St - Zip	Tallahassee, Florida 32396-0250	

Title	D	Addition
Name	Ludwig, Richard	
Street Address	702 N. Franklin Street	
City - St - Zip	Tampa, Florida 33602	

Title	D	Addition
Name	Ruiz, Marco Miguel Munoz	
Street Address	Blvd. M. Avila Camacho No. 201	
Street Address	Col. Flores Magon C.P. 91900	
City - St - Zip	Veracruz, Ver. Mexico	

Title	D	Addition
Name	Hodson, John	
Street Address	4202 East Fowler Avenue, BSN 3403	
City - St - Zip	Tampa, Florida 33620-5500	
