

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021488

1. Entity Name

GULF OMNI HOLDINGS, INC.

Principal Place of Business

5636 RUSTIC DR.  
TALLAHASSEE FL 32303

Mailing Address

5636 RUSTIC DR.  
TALLAHASSEE FL 32303

2. Principal Place of Business

243 IRON BRIDGE RD.

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 2316

Suite, Apt. #, etc.

City & State

Havana, FL

City & State

Havana, FL

Zip

32333

Country

USA

Zip

32333

Country

USA

4. FEI Number

☒ 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

CIMMINS, TODD ESQ

5636 RUSTIC DR.

TALLAHASSEE FL 32303

Name

Cimmino, Todd ESQ

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

243 IRON BRIDGE RD.

City

Havana

FL

Zip Code

32333

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

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, 2001 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 ☐ Delete  
NAME President  
STREET ADDRESS Stephanie Cimmino  
CITY-ST-ZIP 243 IRON BRIDGE RD.  
Havana, FL 32333

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Stephanie Cimmino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

850-509-0562

Daytime Phone #

00047216



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)