

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90190 046 \*\*\*150.00

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<b>DOCUMENT #</b>	<b>P00000042664</b>
1. Entity Name <b>GULF ROYALLE, INC.</b>	

Principal Place of Business <b>10908 JUNIPERUS PLACE TAMPA FL 33618</b>	Mailing Address <b>10908 JUNIPERUS PLACE TAMPA FL 33618</b>
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2. Principal Place of Business <b>5914 Jet Port Industrial Blvd</b>	3. Mailing Address <b>5914 Jet Port Industrial Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tampa FL</b>	City & State <b>Tampa FL</b>
Zip <b>33634</b>	Country <b>USA</b>

4. FEI Number <b>59-3641473</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired - <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	



DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>
<b>KOCH, STEPHEN A</b>
<b>201 NORTH FRANKLIN STREET</b>
<b>SUITE 3010</b>
<b>TAMPA FL 33602</b>

<b>7. Name and Address of New Registered Agent</b>
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	DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GULLO, GLENN J</b> <b>10908 JUNIPERUS PLACE</b> <b>TAMPA FL 33618</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FARLEY, FRANCIS E</b> <b>2306 SOUTHERN LITES AVE</b> <b>LUTZ FL 33549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> <i>Glenn J. Gullo</i> <b>Glenn J. Gullo, Pres.</b>	<b>3/26/02</b>	<b>813 890-8809</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/01)