


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91415 034 \*\*\*150.00

<b>DOCUMENT #</b> P00000076515	
<b>1. Entity Name</b> GULF WHEELS INC.	

<b>Principal Place of Business</b> 201 SW 2ND STREET CHIEFLAND FL 32626	<b>Mailing Address</b> PO BOX 68 CHIEFLAND FL 32644
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<b>2. Principal Place of Business</b> 102 SW 2nd Street Suite, Apt. #, etc.	<b>3. Mailing Address</b> PO Box 68 Suite, Apt. #, etc.
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<b>City &amp; State</b> Chiefland FL	<b>City &amp; State</b> Chiefland FL
<b>Zip</b> 32626	<b>Zip</b> 32644
<b>Country</b> Levy	<b>Country</b> Levy



☒ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b>	
SHEPHERD, CLARA E 15690 NORTH WEST HIGHWAY 19 CHIEFLAND FL 32626	

<b>4. FEI Number</b> 59-3668470	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>7. Name and Address of New Registered Agent</b>	
Name: Shepherd, Clara E	
Street Address (P.O. Box Number is Not Acceptable): 102 SW 2nd St	
City: Chiefland FL	Zip Code: 32626

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD	<input type="checkbox"/> Delete
<b>NAME</b> SHEPHERD, CLARA E	
<b>STREET ADDRESS</b> PO BOX 68	
<b>CITY-ST-ZIP</b> CHIEFLAND FL 32644	
<b>TITLE</b> VD	<input type="checkbox"/> Delete
<b>NAME</b> SHEPHERD, WYATT C	
<b>STREET ADDRESS</b> PO BOX 68	
<b>CITY-ST-ZIP</b> CHIEFLAND FL 32644	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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

**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 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:** Clara E Shepherd **Clara E Shepherd Pres 4-24-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/24/03 Daytime Phone: 352-4183-1920

CR2E034 (10/02)