

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90110 049 ***150.00

0147695 AB

DOCUMENT # P01000014139

1. Entity Name

GULFSHRED, INC.



Principal Place of Business

**1801-B 15TH STREET
MOBILE AL 36615**

Mailing Address

**1801-B 15TH STREET
MOBILE AL 36615**

2. Principal Place of Business

3. Mailing Address

5630 IRON WORKS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

THEODORE AL

City & State

THEODORE AL

4. FEI Number

59-3703207

Applied For

Not Applicable

Zip

36582

Country

MOBILE

Zip

36582

Country

MOBILE

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RISHER, WILLIAM D	
STREET ADDRESS	7914 AMETHYST DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALLACE, BOB	
STREET ADDRESS	1801-B 15TH STREET	
CITY-ST-ZIP	MOBILE AL 36615	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOWERY, ANTHONY	
STREET ADDRESS	1801-B 15TH STREET	
CITY-ST-ZIP	MOBILE AL 36615	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURKHART, LARRY	
STREET ADDRESS	1801-B 15TH STREET	
CITY-ST-ZIP	MOBILE AL 36615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, BOB	
STREET ADDRESS	5630 IRON WORKS ROAD	
CITY-ST-ZIP	THEODORE AL 36582	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, ANTHONY	
STREET ADDRESS	5630 IRON WORKS ROAD	
CITY-ST-ZIP	THEODORE AL 36582	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHART, LARRY	
STREET ADDRESS	5630 IRON WORKS ROAD	
CITY-ST-ZIP	THEODORE AL 36582	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Anthony Lowery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/03

Date

251 343 9212

Daytime Phone #

CR2E034 (4/03)

Attachment

80144302

#P01000014139



Gulfshred, Inc.
5630 Iron Works Road
Theodore, AL 36582
251/343-9212
Fax 251/650-0645

September 3, 2003

Division of Corporation
Uniform Business Report Filing
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please note that this is the first time we received this notice to renew our UBR. I am requesting that the late fee be waived. The \$150.00 filing fee is enclosed.

Please contact me if you have any questions concerning this request. I can be reached at 251-343-9212.

Sincerely,

A handwritten signature in cursive script, appearing to read "Anthony Lowery".

Anthony Lowery
Vice President
Shred-it