

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90172 030 \*\*\*150.00

**DOCUMENT # P01000041257**

1. Entity Name  
**GULFSTREAM - EL PASO, INC.**

Principal Place of Business  
**3901 PROMENADE SQUARE DRIVE #4322**  
**ORLANDO FL 32837**

Mailing Address  
**3901 PROMENADE SQUARE DRIVE #4322**  
**ORLANDO FL 32837**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3723006**

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

**CRAWFORD, RICK**  
**3901 PROMENADE SQUARE DRIVE #4322**  
**ORLANDO FL 32837**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D** ☐ Delete  
NAME **CRAWFORD, RICK**  
STREET ADDRESS **3901 PROMENADE SQUARE DRIVE #4322**  
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
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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:

**RICK CRAWFORD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-21-2002 407 854-1700**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

PO1000041257  
675320

July 23, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Uniform Business Report Filing for Gulfstream – El Paso, Inc.  
FEI Number – 59-3723006

Dear Sir or Madam:

I am writing to inform the State of Florida that the corporation of Gulfstream – El Paso, Inc. did not receive a prior notice for the Uniform Business Report Filings. For this reason we are requesting the late fee be waived.

The mailing address on the UBR form is correct however we had previously used a mailing address on Township Square Blvd. This may be the reason for no previous notice.

I am a Director for Gulfstream – El Paso, Inc. Thank you for your assistance and consideration.

Best regards,

  
Rick Crawford