FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State
08-14-2002 90024 023 ***550.00

B0134278

DOCUMENT # P01000041469

1. Entity Name
GULF MARINE INVESTMENT CORP. ✓

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
14389 Rialto Avenue	14389 Rialto Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville, FL	City & State: Brooksville, FL
Zip: 34613 Country: USA	Zip: 34613 Country: USA

4. FEI Number: 33-1009819 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Darryl W. Johnston, Esquire
Street Address (P.O. Box Number is Not Acceptable): 29 South Brooksville Avenue
City: Brooksville FL Zip Code: 34601

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: _____ 7/10/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P	TITLE	
NAME	Walker, William	NAME	
STREET ADDRESS	14389 Rialto Avenue	STREET ADDRESS	
CITY-ST-ZIP	Brooksville, FL 34613	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Bradley, James R.	NAME	
STREET ADDRESS	6690 Richard Drive	STREET ADDRESS	
CITY-ST-ZIP	Spring Hill, FL 34607	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Brookins, Harper C.	NAME	
STREET ADDRESS	5234 Foxhall Court	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Spring Hill, FL 34607	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Saittis, John	NAME	IN THIS SPACE
STREET ADDRESS	5411 Barclay Avenue	STREET ADDRESS	
CITY-ST-ZIP	Spring Hill, FL 34609	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William F. Walker 7/10/02 (352)596 4166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #