

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90123 047 \*\*\*150.00

0492568 AV

DOCUMENT # **P01000064013**

1. Entity Name  
**GULL TRANSPORTATION, INC.**



Principal Place of Business  
**1865 STANCEL DR  
CLERAWATER FL 33764**

Mailing Address  
**1865 STANCEL DR  
CLERAWATER FL 33764**



2. Principal Place of Business  
**4474 BIMINI**  
Suite, Apt. #, etc.

3. Mailing Address  
**4474 BIMINI**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**HERNANDO BEACH FL**  
Zip  
**34607**  
Country  
**USA**

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**HERNANDO BEACH FL**  
Zip  
**34607**  
Country  
**USA**

4. FEI Number **04-3653842**  
Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ST ARNOLD, JACK R  
1370 PINEHURST RD  
DUNEDIN FL 34698**

**7. Name and Address of New Registered Agent**

Name  
**MAVRONICOLAS, MARIA G**  
Street Address (P.O. Box Number is Not Acceptable)  
**4474 BIMINI**  
**HERANDO BEACH**  
City  
**FL** Zip Code  
**34607**

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 *Maria G. Mavronicolas* DATE **4-2-03**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$559.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST MAVRONICOLAS, MARIA G 1865 STANCEL DR CLERAWATER FL 33764</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST MAVRONICOLAS, MARIA G 4474 BIMINI HERNANDO BEACH FL 34607</b>	<input checked="" 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

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: *Maria G. Mavronicolas* DATE: **4/2/03** 727 515-8557  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)