

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

3. Mailing Address
4474 BIMINI

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
HERNANDO BEACH FL

City & State
HERNANDO BEACH FL

4. FEI Number
04-3653842

Applied For
 Not Applicable

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

Zip Country Zip Country
34607 USA 34607 USA

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

City
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	DPST MAVRONICOLAS, MARIA G 1865 STANCEL DR CLERAWATER FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MAVRONICOLAS, MARIA G 4474 BIMINI HERNANDO BEACH FL 34607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)