

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90065 009 ***150.00

DOCUMENT #

1. Entity Name

GULF STATE PROPERTIES INC. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

695 SW 65 AV

Suite, Apt. #, etc.

3. Mailing Address

7378 W. ATLANTIC BLVD

Suite, Apt. #, etc.

286

DO NOT WRITE IN THIS SPACE

City & State

MARGATE FL

Zip

33068

Country

BROWARD

City & State

MARGATE, FL

Zip

33063

Country

BROWARD

4. FEI Number

01-0654373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

GERRIE KELLERMEIER

Street Address (P.O. Box Number is Not Acceptable)

695 SW 65 AV

City

MARGATE

FL

Zip Code

33068

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

Gerrie Kellermeier

GERRIE KELLERMEIER / PRES

6-18-03

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GERRIE KELLERMEIER
695 SW 65 AV
MARGATE, FL 33068

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Gerrie Kellermeier PRES
GERRIE KELLERMEIER

6-18-03

(954) 857-8184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)