

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90210 029 \*\*\*158.75

**DOCUMENT # P02000045021**

1. Entity Name  
**GULFSHORE FORGE, INC.**



Principal Place of Business  
**3200 AUSTIN STREET  
SARASOTA FL 34231**

Mailing Address  
**3200 AUSTIN STREET  
SARASOTA FL 34231**



2. Principal Place of Business

3. Mailing Address

**2142 20TH ST.**

**3200 AUSTIN ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SARASOTA, FLORIDA**

**SARASOTA, FLORIDA**

Zip  
**34234**

Country  
**USA**

Zip  
**34231**

Country  
**USA**

4. Filing Number

**01 0672787**

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

**CHERR, RONALD M**

**3859 BEE RIDGE ROAD SUITE 101  
SARASOTA FL 34233**

Name

**Brent Myers**

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

**3859 Bee Ridge Road Suite 101**

City

**Sarasota**

FL

Zip Code

**34233**

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

**Brent Myers CIA**

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

(NOTE: Registered Agent signature required when reinstating)

**4/5/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SNOWDEN, GEORGE T<br/>3200 AUSTIN STREET<br/>SARASOTA FL 34231</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT<br/>GALINA L. SNOWDEN<br/>3200 AUSTIN ST.<br/>SARASOTA, FL 34231</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VICE/PRESIDENT/TREASURER<br/>GERGEY SARKISOU<br/>3200 AUSTIN ST<br/>SARASOTA, FL 34231</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: GALINA L. SNOWDEN VICE PRESIDENT - APR 28, 03 941-952-0599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)