2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000057580 DOCUMENT

1. Entity Name

GULF TERMINAL CORPORATION



FILED Sep 15, 2003 8:00 am Secretary of State 09-15-2003 90160 003 ***550.00

				<u>/</u>	1	TANK .			
Principal.Place of Business 16284 PERDIDO KEY DR #812 PENSACOLA FL 32507		Mailing Address 16284 PERDIDO KEY DR., #812 PENSACOLA FL 32507							
2. Principal Place of Business			3. Mailing Address				1 1081/301 1/1 30/10 1/10/1 00/1/1 00/1/1 00/1/1 00/1/1 00/1/1 0/1/1 10/1/1 10/1/1 10/1/1 10/1/1 10/1/1 10/1/1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4.	4. FEI Number Applied For 68-0509934 Not Applicable		
Zip	Country Zip Cou		Coun			5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					Name	- > :7.	7Name and Address of New Registered Agent		
SHELL, STEPHEN B				Name					
226 PALAFOX PLACE, NINTH FLOOR						Street Address (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32501									
1					City		FL Zip Code		
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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND D	DIRECTO	RS	11.		Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALLISTER, NORMAND B JR. 16284 PERDIDO KEY DR., #812 PENSACOLA FL 32507		☐ Delete		1	·	☐ Change ☐ Addition		
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12. I hereby certify that the information supplied with this filling 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:

Date

Daytime Phone #