

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006532

1. Entity Name

GULFSTREAM METAL PLATING, INC.

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90097 050 ***150.00

0313001 AV

Principal Place of Business

2701 NW 55TH CT.
FT. LAUD FL 33309
US

Mailing Address

2701 NW 55TH CT.
FT. LAUD FL 33309
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3164430

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HALLOWES, BORDEN R
1409 KINGSLEY AVENUE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VP
NAME SCHNORR, J P
STREET ADDRESS POST OFFICE BOX 698
CITY-ST-ZIP WILLISTON FL ☐ Delete

TITLE P
NAME PHILLIPS, JAMES B.
STREET ADDRESS 2701 NW 55TH CT
CITY-ST-ZIP FT. LAUD FL ☐ Delete

TITLE VP
NAME RAINBOTH, JOE
STREET ADDRESS 2701 NW 55 CT
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE ST
NAME VILMA, PHILLIPS C
STREET ADDRESS 2701 NW 55TH CT
CITY-ST-ZIP FT. LAUD FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James B. Phillips*

04/08/02 954-735-0086

CR2E034 (9/01)