

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041005

1. Entity Name

GULFSIDE INVESTIGATIONS, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90062 019 ***158.75

Principal Place of Business

114 B COMMERCIAL WAY
SPRING HILL FL 34606
US

Mailing Address

P O BOX 5625
SPRINGHILL FL 34611-5625
US

2. Principal Place of Business

1296 LORE DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

Zip

Country

34606

US

Zip

Country

4. FEI Number

59-3192457

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, JOHN F.
5520 BAFFIN CIRCLE
SPRING HILL FL 34606

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SCOTT, JOHN F
5520 BAFFIN CIRCLE
SPRING HILL FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDS
ODELL, ROBERT G
35 DEVON DR.
CLEARWATER BEACH FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BALKAN, THOMAS J.
7233 DANBARY WAY
CLEARWATER FL 33784



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALL, KARL J.
7901 4TH ST. NO. STE. 200
ST. PETERSBURG FL 33702



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

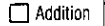


TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



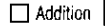
TITLE
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CITY-ST-ZIP



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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00 352-696-9408

CR2E034 (9/99)