

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90168 007 \*\*\*158.75

**DOCUMENT # P93000041005**

1. Entity Name  
**GULFSIDE INVESTIGATIONS, INC.**

Principal Place of Business

1296 LORI DR  
 SPRING HILL FL 34606  
 US

Mailing Address

P O BOX 5625  
 SPRINGHILL FL 34606  
 US

**973594**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3192457**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCOTT, JOHN F.  
 5520 BAFFIN CIRCLE  
 SPRING HILL FL 34606  
*4217 Portillo Rd  
 Spring Hill, FL 34608*

Name *John F. Scott*  
 Street Address (P.O. Box Number is Not Acceptable)  
*4217 Portillo Rd*  
*5*  
 City *Spring Hill* FL Zip Code *34608*

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

*John F. Scott*  
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/29/01*  
 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SCOTT, JOHN F	
STREET ADDRESS	5520 BAFFIN CIRCLE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VDS	<input checked="" type="checkbox"/> Delete
NAME	ODELL, ROBERT G	
STREET ADDRESS	35 DEVON DR.	
CITY-ST-ZIP	CLEARWATER BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BALKAN, THOMAS J.	
STREET ADDRESS	7233 DANBARY WAY	
CITY-ST-ZIP	CLEARWATER FL 33784	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALL, KARL J.	
STREET ADDRESS	7901 4TH ST. NO. STE. 200	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*John F. Scott*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/01* *352-279-9501*  
 Date Daytime Phone #

CR2E034 (10/00)