

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075256

1. Entity Name

GULF BAY MORTGAGE SERVICES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90137 050 ***158.75

Principal Place of Business

Mailing Address

801 LAUREL OAK DR STE 710
NAPLES FL 34108
US

801 LAUREL OAK DR STE 710
NAPLES FL 33963
US

2. Principal Place of Business

3200 Tamiami Trail N.

3. Mailing Address

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

Zip

34103

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0532189

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, MARK J
801 LAUREL OAK DR STE 710
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

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

3200 Tamiami Trail N., Suite 200

City

Naples

FL

Zip Code

34103

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, 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

TITLE DP
NAME FERRAO, AUBREY J
STREET ADDRESS 3470 CLUB CENTER BLVD.
CITY-ST-ZIP NAPLES FL 34114 ☐ Delete

TITLE DS
NAME WOODWARD, MARK J
STREET ADDRESS 801 LAUREL OAK DR STE 710
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE VP
NAME DINARDO, ANTHONY
STREET ADDRESS 3470 CLUB CENTER BLVD.
CITY-ST-ZIP NAPLES FL 34114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 3200 Tamiami Trail N., Suite 200
CITY-ST-ZIP Naples, FL 34103 ☒ 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 attached written address, with or without a power of attorney.

SIGNATURE: Aubrey J Ferrao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01

Date

941 732 9400

Daytime Phone #

CR2E034 (10/00)