

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082798

1. Entity Name

GULFNET TECHNOLOGIES DESTIN, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90168 020 ***150.00

0035310

Principal Place of Business

707 HWY 98, E
SUITE H
DESTIN FL 32541
US

Mailing Address

707 HWY 98, E
SUITE H
DESTIN FL 32541
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3277314**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HOLMES, LINDA
300 W. HIGHWAY 98
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Holmes, Linda

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

707 Hwy 98 East, Ste H

City

Destin

FL

Zip Code

32541

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 NAME ☐ Delete
P HOLMES, LINDA
STREET ADDRESS 3797 MISTY WAY
CITY-ST-ZIP DESTIN FL

TITLE NAME ☐ Delete
D HOLMES, LINDA
STREET ADDRESS 46 COURT DRIVE
CITY-ST-ZIP DESTIN FL 32541

TITLE NAME ☐ Delete
V DYESS, WILLIAM W I
STREET ADDRESS 563 POCAHONTAS
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME ☒ Change ☐ Addition
D Holmes, Linda
STREET ADDRESS 3797 Misty Way
CITY-ST-ZIP Destin, FL 32541

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

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

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

TITLE NAME ☐ Change ☐ Addition
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: *Linda Holmes* Linda Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

Date

850/664-0688

Daytime Phone #

CR2E034 (10/00)