

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-17-2002 90031 021 ***150.00

DOCUMENT # **P95000047301** ✓
1. Entity Name
GASTAL ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
6462 LESUE ST
Suite, Apt. #, etc.
City & State
Jupiter FL
Zip Country
33458 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0591685
Applied For
Not Applicable

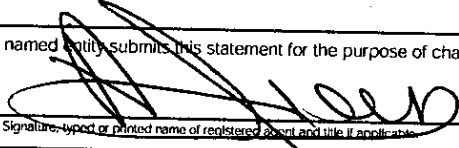
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ALSTAIR GREEN
Street Address (P.O. Box Number is Not Acceptable)
6462 LESUE ST
City
JUPITER FL Zip Code
33458

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)

4-28-02
DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**6462 LESUE ST
JUPITER FL 33458
PRESIDENT
ALSTAIR GREEN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE
SAME**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SEC
SAME**

TITLE
NAME
STREET ADDRESS
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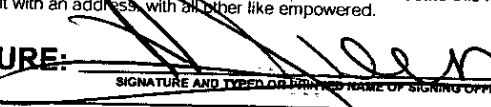
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALSTAIR GREEN** **4/28-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)