

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90038 006 \*\*\*150.00

**DOCUMENT # P96000020275**

1. Entity Name  
**GULF RUBBER USA INC.**



Principal Place of Business  
**1900 N ANDREWS AVE  
UNIT C  
POMPANO BEACH, FL 33069**

Mailing Address  
**1900 N. ANDREWS AVE  
UNIT C  
POMPANO BEACH, FL 33069**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0651211

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

**GOULD, PATRICK  
1900 NORTH ANDREWS AVE  
UNIT C  
POMPANO BEACH, FL 33069**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **GOULD, PATRICK W**  
STREET ADDRESS **2424 OKEECHOBEE LANE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JOHN CHARLES THOMPSON**  
STREET ADDRESS **784 POINT VUE DRIVE**  
CITY-ST-ZIP **HOWICK, AUCKLAND NEW ZEALAND**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **ROBERT NOEL EMERSON**  
STREET ADDRESS **4 BAYBERRY WAY**  
CITY-ST-ZIP **CASTLE HILL, NSW AUSTRALIA**

TITLE **V** ☐ Change ☒ Addition  
NAME **JOHN YURINA**  
STREET ADDRESS **1900 NORTH ANDREWS AVE #C**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **V** ☐ Change ☒ Addition  
NAME **PATRICK W GOULD**  
STREET ADDRESS **1900 NORTH ANDREWS AVE. #C**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

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

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

12. 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 10 or Block 11 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 #

1/5/04 954 973-3335