

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90031 006 ***150.00

DOCUMENT # P96000078947

1. Entity Name

GULF ENERGY CORPORATION

Principal Place of Business

625 17TH ST NE
ST PETERSBURG FL 33704
US

Mailing Address

625 17TH ST/NE
ST PETERSBURG FL 33704
US

2. Principal Place of Business

625 17TH AVE. NE

Suite, Apt. #, etc.

3. Mailing Address

625 17TH AVE. NE

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

Country

33704

City & State

ST. PETERSBURG, FL

Zip

Country

337044. FEI Number **59-3412535**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CRONIN, MICHAEL T
911 CHESNUT STREET
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

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.

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MAYO, DARRYL K
STREET ADDRESS 625 17TH ST NE
CITY-ST-ZIP ST PETERSBURG FL ☐ DeleteTITLE VD
NAME CHIARO, CASSANDRA M
STREET ADDRESS 2416 YORKTOWN APT 407
CITY-ST-ZIP HOUSTON TX ☐ DeleteTITLE SD
NAME MAYO, GERALDINE R
STREET ADDRESS 1555 BRIGHTWATERS BLVD NE
CITY-ST-ZIP ST PETERSBURG FL ☐ DeleteTITLE V
NAME MAYO, ROGER C
STREET ADDRESS 1555 BRIGHTWATERS BLVD NE
CITY-ST-ZIP ST PETERSBURG FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)