

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90280 018 ***150.00

0039861 AV

DOCUMENT # P97000049971

1. Entity Name
TESSERA GULFSTREAM, INC.



Principal Place of Business
1819 MAIN STREET
STE 200
SARASOTA FL 34236

Mailing Address
7800 BAYBERRY ROAD
JACKSONVILLE FL 32256



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0763167**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GURLEY, DAVID
NORTON, GURLEY, HAMMERSLEY, & LOPEZ
1819 MAIN STREET, SUITE 610
SARASOTA FL 34236

Name
Gurley, Davis - David Gurley
Street Address (P.O. Box Number is Not Acceptable)
535 S. BLM Ave.
City **Sarasota** **FL** **Zip Code** **34236**

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 **(NOTE: Registered Agent signature required when reinstating)** **DATE**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|----------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CLABAUGH, JAMES E | |
| STREET ADDRESS | 1819 MAIN STREET, STE 200 | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | DVAS | <input type="checkbox"/> Delete |
| NAME | FULLERTON, ROBERT C | |
| STREET ADDRESS | 7800 BAYBERRY ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | GIBSON, CHRISTINE | |
| STREET ADDRESS | 1819 MAIN STREET, STE 200 | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MCCULLOUGH, PAMELA | |
| STREET ADDRESS | 1819 MAIN STREET, STE 200 | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|-----------------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: **04/28/2003 941-366-4414**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)