

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90210 034 ***150.00

DOCUMENT # P97000069617

1. Entity Name
GULF STAR, INC.



Principal Place of Business
UNIT # B-608
1800 BEN FRANKLIN DR
SARASOTA FL 34236

Mailing Address
UNIT # B-608
1800 BEN FRANKLIN DR
SARASOTA FL 34236

2. Principal Place of Business

340 Gulf of Mexico Dr.
Suite, Apt. #, etc.
115

3. Mailing Address

340 Gulf of Mexico Dr.
Suite, Apt. #, etc.
115

City & State

Longboat Key FL

City & State

Longboat Key FL

Zip

34228

Country

SARASOTA

Zip

34228

Country

SARASOTA

6. Name and Address of Current Registered Agent

KIRTLEY, WILLIAM T
2940 S TAMiami TR
SARASOTA FL 34239

4. FEI Number

65-0783778

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **LAMBERTI, CAROL**
STREET ADDRESS **1800 BEN FRANKLIN DR, B608**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
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NAME
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

941 387 1295
Daytime Phone #

CR2E034 (10/02)