

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072910

1. Entity Name  
GULF STATE CONSULTING, INC.

Principal Place of Business  
1135 GULF OF MEXICO DR UNIT 402  
LONGBOAT KEY FL 34228

Mailing Address  
1135 GULF OF MEXICO DR UNIT 402  
LONGBOAT KEY FL 34228

2. Principal Place of Business  
100 WALLACE AVE

Suite, Apt. #, etc.  
SUITE 260

City & State  
SARASOTA, FL

Zip  
34237

Country  
USA

3. Mailing Address  
100 WALLACE AVE

Suite, Apt. #, etc.  
SUITE 260

City & State  
SARASOTA, FL

Zip  
34237

Country  
USA

4. FEI Number 65-0788738

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HANKIN, LAWRENCE M  
2033 MAIN ST STE 400  
SARASOTA FL 34237

## 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 State**

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

## 11. OFFICERS AND DIRECTORS

TITLE PSD  
NAME SEGAL, NAT  
STREET ADDRESS 1135 GULF OF MEXICO DR. UNIT 402  
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME STEVEN SEGAL  
STREET ADDRESS 601 EAST 20 ST  
CITY-ST-ZIP APT. 7G 10760 NEW YORK, N.Y. 10010 ☒ Change ☐ Addition

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

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

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

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

TITLE  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN SEGAL, PRESIDENT

X 4-24-01

Date

201-666-9078

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE