## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 09, 2002 8:00 am Secretary of State 04-09-2002 90071 004 \*\*\*150.00

DOCUMENT # 79700C 105237				04-09-2002 90071 004 ***150.00	
GULF CO	DAST INSPECTION	SERVĪČES, I	NC.		
DO NOT WRITE IN THIS SPACE				80058647	
2. Principal P	Place of Business	3. Mailing Address		.,	
17737 I Suite, Apt.	LONG POINT DRIVE #, etc.	Suite, Apt. #, etc.	POINT DRIVE	DO NOT WRITE IN 1	THIS SPACE
City & State REDINGT		City & State REDINGTON S	SHORES, FL	4. FEI Number 59-3485971	Applied For Not Applicable
Zip 33708	Country USA	Zip 33708	Country USA	5. Certificate of Status Desired	\$8.75 Additional
33700	TOSK	133708	<del></del>	7. Name and Address of Current Regi	Fee Required stered Agent
	DO NOT W IN THIS SP		Street Address 17737 1	ZIMMER s (P.O. Box Number is Not Acceptable) LONG POINT DRIVE	FL   Zip Code   3 3 7 0 8
8 The above	named entity submits this stateme	ot for the oursess of chang		registered agent, or both, in the State of	
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if applicat	STEVE ZIMME  Ole. (NOTE: Registered A  - May 1 Fee is \$150.00	ER Agent signature required when reinstating)	03/25/02 DATE
Tax filing re	equirement and elects to do so.	After Ma Amend Make Check Pay	ay 1, Fee is \$550.00 led UBR is \$61.25 able to Department of Si	10. Election Campaign Financi Trust Fund Contribution.	ing \$5.00 May Be Added to Fees
TITLE	OFFICERS AND I	DIRECTORS	TITLE		<del></del>
NAME	AME STEVE ZIMMER				CP2F034B (12/02)
STREET ADDRESS CITY • ST - ZIP	17737 LONG POIN REDINGTON SHORE		STREET ADDRESS CITY - ST - ZIP		197
TITLE	REDINGTON SHORE	33, FL 33700	TITLE		
NAME			NAME		١
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TITLE		<del></del>	TITLE		
NAME STREET ADORESS			NAME		
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TITLE			TITLE	IN THIS SP	ACE
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ππε			TITLE		
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STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
13. I hereby ce information an officer o appears in	n indicated on this report or supplen or director of the corporation or the r Block 11 or on an attack ment with	nental report is true and ac receiver or trustee empowe	fy for the exemption stated curate and that my signatured to execute this report ke empowered.	d in Section 119.07(3)(i), Florida Statutes, ure shall have the same legal effect as if ras required by Chapter 607, Florida Statu	made under oath; that I am utes; and that my name
SIGNATU			STEVE ZIMME		7 318 3994
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	/ Date	Daytime Phone #