

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105972

1. Entity Name
GULF TO BAY EQUIPMENT, INC.

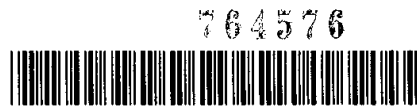
FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90027 001 ***150.00

0380467

Principal Place of Business 14360 MCGREGOR BLVD. FT. MYERS FL 33919	Mailing Address 14360 MCGREGOR BLVD. FT. MYERS FL 33919
---	---

2. Principal Place of Business 15870-3 Pine Ridge Rd Suite, Apt. #, etc. Ft. Myers City & State Florida Zip 33908 Country Lee	3. Mailing Address 15870-3 Pine Ridge Rd Suite, Apt. #, etc. 3 City & State Ft. Myers, Florida Zip 33908 Country Lee
--	---



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0810297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PAYNE, CARRIE 14360 MCGREGOR BLVD. FT. MYERS FL 33919	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 *Christopher Claypool* DATE 4-30-01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAYNE, CARRIE 1714 SE 11TH TERR CAPE CORAL FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Payne, Carrie 15139 Anchorage Way Ft Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAYPOOL, CHRIS 14360 MCGREGOR BLVD FT MYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chris Claypool 15870-3 Pine Ridge Rd. Ft. Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAYNE, BEN 1714 SE 11TH TERR CAPE CORAL FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Payne, Ben 15139 Anchorage Way Ft Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Christopher Claypool* Christopher Claypool 430-01 941-454-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)