## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

## P98000005438

1. Entity Name

**GULF MARINE OPERATORS, INCORPORATED** 



**FILED** Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90462 043 \*\*\*150.00

Principal Place of Business   Mailloy Address					16							
Suite, Apt. II et c. Suite, Ap	1201 OAKFIELD DRIVE		1201 OAKFIELD DRIVE				1 (851:00) 1/6 (4:0) (0:1) Built Built	<b>81</b> 111 <b>51</b> 111 <b>52</b>		<b>4</b> NI <b>S</b> 1 (\$4. 1881)		
Surio, Apt. 8, etc.   CHECK HERE IF MAKING CHANGES    City & State   City & State   4, FFI Number   59-3493601   Applied For   Not Applicable    Zip	2. Principal P	lace of Business	3. Mail	ling Address								
City & State  Country  City  Cit												
Zip Country Zip Country Zip Country St. Co	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
So Senting Countries of Current Registered Agent	City & State		City & State			,	4. [	FEI Number 59-3493601			<del></del>	-
Name   Street Address (PO. Box Number is Not Acceptable)	Zip	Country	Zip	_	Country _	<u>~</u> ≈ ~	5. (	Certificate of Status Desired				ľ
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zp Code  The Box City Florida a Term familiar with, and accept with a control of the con		6. Name and Address of Curren	t Registere	ed Agent	Nor		7. 1	Name and Address of New Reg	istered Ag	ent		7
### STEET AUDIESS (FLU, Disk Number is Not Acceptable)    Steet Audiess (FLU, Disk Number is Not Acceptable)	VOLING	WILLIAM H			ivar	ne						
City   FL   Zip Code				Street A			ess (P.O. Box Number is Not Acceptable)					
## Time of the part of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	tampa f	L 33619										
SIGNATURE   Signature   Trust Fund or priviled rules argent and stile if approachine. (MOTE Registered Agent signature remaining)   DATE	ž				City	1			FL	Zip Cod	e	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE 7 VOUNG, WILLIAM H 502 LISA LANE BRANDON FL 33511  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TAMPA FL 33675  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE Delete STREET ADDRESS CITY-ST-2P  TITLE Delete STREET ADDRESS CITY-ST-2P  TITLE Delete STREET ADDRESS CITY-ST-2P  TITLE STREET ADDRESS CITY-ST-2P  TITLE STREET ADDRESS CITY-ST-2P  TITLE Delete STREET ADDRESS CITY-ST-2P  TITLE STREET ADDRESS CITY-ST-2P  TITLE STREET ADDRESS CITY-ST-2P  TITLE STREET ADDRESS CITY-ST-2P  TITLE STREET ADDRESS CITY-ST-2P  STREET ADDRESS STREET ADDRESS CITY-ST-2P  STREET ADDRESS STREET ADDRESS CITY-ST-2P  STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P  STREET ADDRESS STREET			or the purp	ose of changing its re	gistered office	ce or register	ed ag	ent, or both, in the State of Florid	a. I am fan	niliar with,	and accept	1
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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 eath; 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 arrivers, with all other like empowered.

SIGNATURE: