2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

May 07, 2001 8:00 am Secretary of State DOCUMENT # P98000010612 GULFSTREAM VENTURES, INC. 05-07-2001 90020 044 ***158.75 Mailing Address Principal Place of Business 590 KELLSTADT STREET 590 KELLSTADT STREET PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 65-0891854 City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent - 1-BELL, PETER A Street Address (P.O. Box Number is Not Acceptable) 322 TAMIAMI TRAIL SUITE 20 **PUNTA GORDA FL 33950** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition ☐ Delete TITLE TITLE WYLLIE, MARK NAME NAME STREET ADDRESS 590 KELLSTADT STREET STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33952 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete -TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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