

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000010612

FILED  
Apr 18, 2003  
Secretary of State

Entity Name: GULFSTREAM VENTURES, INC.

**Current Principal Place of Business:**

590 KELLSTADT STREET  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

20296 VANGUARD TERRACE  
PORT CHARLOTTE, FL 33954

**Current Mailing Address:**

590 KELLSTADT STREET  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

20296 VANGUARD TERRACE  
PORT CHARLOTTE, FL 33954

FEI Number: 65-0891854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BELL, PETER A  
322 TAMIAMI TRAIL  
SUITE 20  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WYLLIE, MARK  
Address: 590 KELLSTADT STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WYLLIE, MARK  
Address: 20296 VANGUARD TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33954

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK WYLLIE

D

04/18/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date