

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070118

1. Entity Name
GULFSIDE SERVICES, INC.

Principal Place of Business
POST OFFICE BOX 11606
PENSACOLA FL 32524-1601

Mailing Address
POST OFFICE BOX 11606
PENSACOLA FL 32524-1601

2. Principal Place of Business
6706 A. 9th Ave
3. Mailing Address
POB 11606

Suite, Apt. #, etc.
Suite D-17

City & State
Pensacola, FL

Zip 32504 Country US Zip 32524-1606 Country US

6. Name and Address of Current Registered Agent

RIDDLE, BRIAN G
3504 SILVERGATE WAY
PENSACOLA FL 32504

4. FEI Number 59-3516902 Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name Riddle, Brian G.
Street Address (P.O. Box Number is Not Acceptable)
3504 Silvergate Way
City Pensacola Zip Code FL 32504

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

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. \$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	PST RIDDLE, BRIAN G 3504 SILVERGATE WAY PENSACOLA FL 32504	<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
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: Brian D. Riddle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 850-484-4080
Date Daytime Phone #

01-23-2001 90056 031 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)