

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90136 027 \*\*\*150.00

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**DOCUMENT # P98000073737**



1. Entity Name  
**GULFSTREAM NETWORKS CORPORATION**

Principal Place of Business  
**1441 PERTH RD  
JACKSONVILLE FL 32221  
US**

Mailing Address  
**215 NORTH EOLA DR  
ORLANDO FL 32803  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3527546**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLARD, STACEY  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

Name **ASHLEY WEST**  
Street Address (P.O. Box Number is Not Acceptable)  
**215 North Eola Drive**  
**Orlando,** **32801**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ashley West*

1/13/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**ASHLEY WEST**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P ST</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, PETER J</b>	
STREET ADDRESS	<b>1441 PERTH RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32221</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HIMMLER, DOUG</b>	
STREET ADDRESS	<b>1441 Perth Rd.</b>	
CITY-ST-ZIP	<b>Jacksonville, Fl. 32221</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/03  
Date

704-781-7508  
Daytime Phone #

CR2E034 (10/02)