

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90011 007 ***150.00

0022810

DOCUMENT # P98000077870

1. Entity Name
GULFSTREAM, INC.

Principal Place of Business 6745 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256	Mailing Address 6745 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3531196** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOTOLAW, INC.
 50 NORTH LAURA STREET
 SUITE 2750
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DV	SIDDALL, DAVID R	<input checked="" type="checkbox"/> Delete	
6745 PHILLIPS INDUSTRIAL BLVD	JACKSONVILLE FL 32256	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	SIDDALL, DAVID R	<input type="checkbox"/> Delete	
6745 PHILLIPS INDUSTRIAL BLVD	JACKSONVILLE FL 32256	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CS	BUTLER, JANICE	<input type="checkbox"/> Delete	
6745 PHILLIPS IND BLVD	JACKSONVILLE FL 32256	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	
		<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: *[Signature]*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 904-880-3230
 Date Daytime Phone #

CR2E034 (10/00)