

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90662 043 \*\*\*150.00

0036396 AV

**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**

**B0063858**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6900 Phillips Ind Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6900 Phillips Ind Blvd**  
 Suite, Apt. #, etc.

City & State  
**Jacksonville, Florida**  
 Zip  
**32256**  
 Country  
**DUVAL**

City & State  
**Jacksonville, Florida**  
 Zip  
**32256**  
 Country  
**DUVAL**

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

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

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 \_\_\_\_\_ (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, 2002 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SIDDALL, DAVID R</b>	
STREET ADDRESS	<b>6745 PHILLIPS INDUSTRIAL-BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>CS</b>	<input type="checkbox"/> Delete
NAME	<b>BUTLER, JANICE</b>	
STREET ADDRESS	<b>6745 PHILLIPS IND BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6900 Phillips Industrial Blvd</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6900 Phillips Industrial Blvd</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *David R Siddall*  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02 Date

904-880-3230 Daytime Phone #

CR2E034 (9/01)