2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088188

1. Entity Name
GULF TO BAY SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 24 PM 2:05

Principal Place of Business	Mailing Address
~~1448 DOUGLAS DRIVE~~ ~~CLEARWATER, FL 33756~~	~~PO BOX 5022~~ ~~CLEARWATER, FL 33758~~

2. Principal Place of Business	3. Mailing Address
9536 Buck Haven Trl	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc. AS PrinciPAL
City & State Tallahassee, FL	City & State
Zip 32312 / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3548971 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEPLAK, EDWARD ~~1448 DOUGLAS DR~~ ~~CLEARWATER, FL 33756~~	Name Street Address (P.O. Box Number is Not Acceptable) 9536 Buck Haven Trl. City Tallahassee FL Zip Code 32312

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 _____
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

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 NAME STREET ADDRESS CITY-ST-ZIP	PST SHEPLAK, EDWARD P ~~1448 DOUGLAS DR~~ ~~CLEARWATER, FL 33756~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9536 Buck Haven Trl. Tallahassee FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000018569390 05/08/03--01069--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 05/08/03--01069--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X Edward P Sheplak EDWARD P. SHEPLAK PRES 4-24-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)