

2000 UNIFORM BUSINESS REPORT (UBR)

5/15

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-15-2000 90250 006 ***150.00

DOCUMENT # P99000047044

1. Entity Name --

GULF ELECTRONICS INC.

Principal Place of Business

Mailing Address

5113 N. DAVIS HIGHWAY
 SUITE 7
 PENSACOLA FL 32503

POST OFFICE BOX 9697
 PENSACOLA FL 32513-9697

2. Principal Place of Business

3. Mailing Address

5113 N. Davis Hwy

P.O. Box 9697

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 7

City & State

City & State

Pensacola FL

Pensacola FL

Zip

Country

Zip

Country

32503

USA

32513

USA

4. FEI Number

59-3582209

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

CHRISTENSEN, DALE
4637 EVELYN STREET
PAGE FL 32571

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

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, 2000 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 *Vice President & Treasurer* ☐ Delete
 NAME *Dale Christensen*
 STREET ADDRESS *4637 Evelyn St.*
 CITY-ST-ZIP *PAGE FL 32571*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *President* ☐ Delete
 NAME *Polly Christensen*
 STREET ADDRESS *4637 Evelyn St.*
 CITY-ST-ZIP *PAGE, FL 32571*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Dale Christensen

4-27-2000

850-475-1737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)