

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054300

1. Entity Name  
GULFNET INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90099 028 \*\*\*150.00

Principal Place of Business

~~G/O GULF TAX INC~~  
~~6860 GULFPORT BLVD SE 900~~  
~~ST PETERSBURG FL 33707-2108~~

Mailing Address

~~G/O GULF TAX INC~~  
~~6860 GULFPORT BLVD SE 900~~  
~~ST PETERSBURG FL 33707-2108~~

2. Principal Place of Business

17117 Gulf Blvd  
Suite, Apt. #, etc.  
# 739

3. Mailing Address

17117 Gulf Blvd  
Suite, Apt. #, etc.  
# 739

City & State  
Redington Beach, FL

City & State  
Redington Beach, FL

Zip Country  
33708 Pinellas

Zip Country  
33708 Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4298681

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

~~NEVADA HOLDINGS INC - BRIAN LIGHT~~  
~~6860 GULFPORT BLVD, #900~~  
~~S. PASADENA FL 33707-2108~~

7. Name and Address of New Registered Agent

Name IAN TURNER  
Street Address (P.O. Box Number is Not Acceptable)  
17117 Gulf Blvd # 739  
City Redington Beach FL Zip Code 33708

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, IAN 6860 GULFPORT BLVD STE 900 ST PETERSBURG FL 33707-2108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT TURNER, OWEN 6860 GULFPORT BLVD, #900 S. PASADENA FL 33707-2108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>S</del> <del>LIGHT, BRIAN</del> <del>6860 GULFPORT BLVD, #900</del> <del>S. PASADENA FL 33707-2108</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17117 Gulf Blvd # 739 Redington Beach, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17117 Gulf Blvd # 739 Redington Beach, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S FRENE EDWARDS 6930 PLACE DE LA PAIX # 1B SOUTH PASADENA, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

O. Turner

O-TURNER

04/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)