## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000054869

1. Entity Name

GULF MOTORS, INC.

## FILED Apr 18, 2001 8:00 am Secretary of State 04-18-2001 90049 044 \*\*\*150.00

Principal Place of Business	Mailing Address		
139 META ST FT MYERS FL 33905	139 META ST FT MYERS FL 33905		
	CALL Address		
2. Principal Place of Business	3. Mailing Address		



2. Principai Pia	ace of Business	3. Mailing Address			I <b>ya</b> hii <b>ba</b> hai ahiii a	1481 IUII 11116	1311 (88)	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
		City & State		4. FEI Number 65-0935611			lied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	□ <b>\$</b>	8.75 Addit	ional	
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New	Registered Ag	jent		
				Name				
MAIN, JAMES D JR.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
139 META ST FT MYERS FL 33905								
FIMI	YERS FL 33905							
			City		FL	Zip Code	;	
8 The above	named entity submits this statement for the	he purpose of changing its	registered office or regis	stered agent, or both, in the State of F	-lorida.	!		
O. The above	Trained entity deprine the statement for	no per pero on on an igning on		,				
SIGNATURE _								
SIGNATORIE :	Signature, typed or printed name of registered agent and	ditte if applicable. (NOTE	E: Registored Agent signature requ	uired when reinstating)	DATE			
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW	!!! FEE IS \$150.00	40 Floring Commission I	-incoming	ΦC 0	<b>.</b>	
	requirement and elects to do so.	After MAY 1, 20	301 Fee will be \$550.0			·U.C¢ hebbA	May Be to Fees	
(See criter	ria on back)	Make Check Payal	ble to Department of	State				
11.	OFFICERS AND D	IRECTORS	12	ADDITIONS/CHANGES TO O	FFICERS AND I	DIRECTORS	3 IN 11	
TITLE	D	Delete	TITLE			Change	Addition Addition	
NAME	MAIN, JAMES D JR.		NAME					
STREET ADDRESS	139 META ST FT MYERS FL 33905		STREET ADORESS CITY-ST-ZIP					
CITY-ST-ZIP	FI MTERS FL 33903					Change	Addition	
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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: X Janus D. Main G.

X04-11-01 X694-2018