

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91612 047 ***150.00

DOCUMENT #

1. Entity Name

GULF SQUARE ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

643104

2. Principal Place of Business

19717 Gulf Boulevard

3. Mailing Address

19717 Gulf Boulevard

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

Suite 3

DO NOT WRITE IN THIS SPACE

City & State

Indian Shores FL

City & State

Indian Shores FL

4. FEI Number

59-3581495

Applied For

Not Applicable

Zip

33785

Country

Pinellas

Zip

33785

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Brown, Charlie R.

Street Address (P.O. Box Number is Not Acceptable)

7 Fountain Square

City Belleair

FL

Zip Code
33756

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 reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 GOOD, CANDACE MARIE 19717 GULF BOULEVARD, STE3 INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LEAR, ROY ARNOLD 19717 GULF BOULEVARD, STE3 INDIAN SHORES, FL 33785
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empower.

SIGNATURE:

Candace Good

CANDACE GOOD

4/19/02 727-5937497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)