

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082511

1. Entity Name

GULF WEST TECHNOLOGY, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90006 019 ***150.00

Principal Place of Business

Mailing Address

10650 72ND ST., SUITE 405
LARGO FL 33777

10650 72ND ST., SUITE 405
LARGO FL 33777-1515

2. Principal Place of Business

13151 A 91st St N.

3. Mailing Address

13151 A 91st St N.

Suite, Apt. #, etc.

Suite 800A

Suite, Apt. #, etc.

Suite 800A

City & State

LARGO, FL

City & State

LARGO, FL

Zip

33779

Country

USA

Zip

33779

Country

USA

4. FEI Number

59-3596151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EKKELA, KYLE W
11644-81ST AVE. NORTH
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D
STREET ADDRESS EKKELA, KYLE W
CITY-ST-ZIP 11644-81ST AVE. NORTH
LARGO FL 33772

TITLE ☐ Delete
NAME D
STREET ADDRESS EKKELA, ROBIN E
CITY-ST-ZIP 11644-81ST AVE. NORTH
LARGO FL 33772

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Date

Daytime Phone #

727-518-8330

CR2E034 (9/99)