

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092119

1. Entity Name  
Gulf Western Enterprises Inc.

FILED

01 MAY 22 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
13772 Linden Dr  
Spring Hill, FL 34609

Mailing Address  
13772 Linden Dr  
Spring Hill, FL 34609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
593603770

Applied For  
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE ac 5/22

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Mark Dewar  
5080 Spring Hill Dr  
Spring Hill, FL 34606

Name mark Dewar  
Street Address (P.O. Box Number is Not Acceptable)  
13772 Linden Dr  
City Spring Hill FL Zip Code 34609

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 Mark Dewar MARK DEWAR 5/18/01  
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!!!  
After MAY 1, 2001  
Fee will be \$550.00  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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: Debbie Kossen Terrie Kossen 5/18/01 352-6664646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/00)