FOR PROFIT CORPORATION  UNIFORM BUSINESS REPORT (UBR)  APPROVED  AND				
DOCUMENT # P9900096674  1. Entity Name			2 JAN 16 PM 1:59	
(-ultulians (actistaintion MC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE			TALLAHASSEE, FLUNIDA	*
2. Principal Place of Business 4201 N Palafox Suite, Apt. #, etc.  3. Mailing Address 5380 Arthony Av. Suite, Apt. #, etc.		ny Ave	DO NOT WRITE IN THIS SPACE	
Pensacola, tC	ensacola, tC Milton, tC		4. FEI Number 543610977	Applied For Not Applicable
32503 Country	3757 <i>0</i>   Sa	intry Rosa	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Name .	7. Name and Address of Current Registered	J Agent
DO NOT WRITE IN THIS SPACE		Street Address (P.O. Box Number is Not Acceptable)		
		5380	5380 Anthony Ave	
• T		111/14	FL FL	132570
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 of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
(See criterie, on back)  Amended UBR is \$61.25  Make Check Payable to Department of State  Trust Fund Contribution. Added to Feet				\$5.00 May Be Added to Fees
11. OFFICERS AND DIRECT	CTORS	75		= =
NAME STREET ADDRESS CITY-ST-ZIP  THE SIDENT TO THE STREET ADDRESS CITY-ST-ZIP  THE SIDENT TO THE STREET ADDRESS THE SIDENT TO THE SIDENT TO THE STREET ADDRESS THE SIDENT TO THE SIDENT	NAI STE	ME REET ADDRÉSS IY-ST-ZIP		34B (12/01)
Vice - President Brian Chamberlian High Pine Dr		LE ME REET ADDRESS (Y-ST-ZIP	200004787 -01/22/02-/ *****308\75	24 9 2 0 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
TITLE Sac. & Thres.  NAME Randy Peckins  STREET ADDRESS III Vaughn Ave		LE ME REET ADDRESS Y-ST-ZIP	DO NOT WRI	TE
TITLE NAME STREET ADDRESS	TITI NAI	LE	IN THIS SPACE	
CITY-ST-ZIP		Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	- 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. 1	200004785 -01/22/02 ****308.75	01020010 *****308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B</b>		# *	
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 on an attachment with an address, with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayime Phone #				

To whom it may concern.

I did not recive my UBR for 2001 due to the relocation of my business
I would like to request the waving of the late fees Gulf Winds Const. Inc. # pagooog6674

Thank you,

Brian Vaughn President Bill

Gulfwinds const. Inc.