

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100172

1. Entity Name  
GULF CONSULTING & INVESTMENT CORP. OF FLORIDA

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90312 025 \*\*\*150.00

Principal Place of Business  
13799 PARK BLVD. NORTH  
SUITE 105  
SEMINOLE FL 33776

Mailing Address  
13799 PARK BLVD. NORTH  
SUITE 105  
SEMINOLE FL 33776



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
13799 PARK BLVD NORTH  
Suite, Apt. #, etc.

3. Mailing Address  
13799 PARK BLVD NORTH  
Suite, Apt. #, etc.

City & State  
SEMINOLE

City & State  
SEMINOLE

4. FEI Number 59-3609211  
Applied For  
Not Applicable

Zip Country  
FL 33776

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

## 6. Name and Address of Current Registered Agent

EPSTEIN, MARTIN  
13618 OAK RUN COURT  
SEMINOLE FL 33776

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D EPSTEIN, MARTIN 13799 PARK BLVD. NORTH, STE. 105 SEMINOLE FL 33776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST EPSTEIN, MARTIN 13799 PARK BLVD NORTH STE 105 SEMINOLE FL 33776	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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: MARTIN EPSTEIN 4/24/01 727 3538308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)