FILED
Jun 05, 2001 8:00 am
Secretary of State
06-05-2001 90030 020 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010890

1. Entity Name

Gulf Co-Invest, Inc.

Principal Place of Business	Mailing Address
3001 North Rocky Point Dr., Suite 335 Tampa, Florida 33607	

D0057681

2. Principal Place of Business	3. Mailing Address
3001 North Rocky Point Drive	
Suite, Apt. #, etc. Suite 335	Suite, Apt. #, etc.
City & State Tampa, Florida	City & State
Zip 33607 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3616969 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Ben Felder 1505 N. Florida Avenue Tampa, FL 33601	Name: Fida S. Hussain Street Address (P.O. Box Number is Not Acceptable): 3001 North Rocky Point Drive, Suite 335 City: Tampa, Florida FL Zip Code: 33607

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: SARDAR FIDA HUSSAIN 06/01/01
(Signature, typed or printed name of registered agent and title if applicable) (Typed or Printed Name of Agent or Officer) Date

9. The corporation is eligible to satisfy its interstate 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 $500.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Sardar Fida Hussain 3001 North Rocky Point Drive, Suite 335 Tampa, Florida 33607	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add

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: 06/01/01
(Signature and Typed or Printed Name of Individual) (Date)