

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90137 048 \*\*\*158.75

**DOCUMENT # S41054**

1. Entity Name  
**GULF BAY SERVICES, INC.**

Principal Place of Business <b>801 LAUREL OAK DRIVE          710          NAPLES FL 34108          US</b>	Mailing Address <b>801 LAUREL OAK DRIVE          710          NAPLES FL 34108          US</b>
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2. Principal Place of Business <b>3200 Tamiami Trail N.</b>	3. Mailing Address <b>3200 Tamiami Trail N.</b>
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Suite, Apt. #, etc. <b>Suite 200</b>	Suite, Apt. #, etc. <b>Suite 200</b>
City & State <b>Naples, FL</b>	City & State <b>Naples, FL</b>

Zip <b>34103</b>	Country	Zip <b>34103</b>	Country
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4. FEI Number <b>65-0253705</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**WOODWARD, MARK J., ESQ.  
 WOODWARD, PIERS AND LOMBARDO, P.A.  
 801 LAUREL OAK DR STE 710  
 NAPLES FL 34108**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3200 Tamiami Trail N., Suite 200**  
 City **Naples** FL Zip Code **34103**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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	<b>D</b> <input type="checkbox"/> Delete <b>FERRAO, AUBREY J.</b> <b>3470 CLUB CENTER BLVD.</b> <b>NAPLES FL 34114</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <input type="checkbox"/> Delete <b>DINARDO, ANTHONY</b> <b>3470 CLUB CENTER BLVD</b> <b>NAPLES FL 34114</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <input type="checkbox"/> Delete <b>WOODWARD, MARK J</b> <b>801 LAUREL OAK DRIVE, STE 710</b> <b>NAPLES FL 34108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3200 Tamiami Trail N., Suite 200</b> <b>Naples, FL 34103</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changes indicated.

**SIGNATURE:** Aubrey J Ferrao **04/25/01** **941 732 9400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)