## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 12, 2000 8:00 am **DOCUMENT # \$41301** 1. Entity Name **Secretary of State** GULFSTREAM RESOURCES, INC. 01-12-2000 90028 041 \*\*\*150.00 Principal Place of Business Mailing Address 186 ANCHOR DRIVE -198 ANCHOR DRIVE VERO REACH EL 32003 2316-VERO BEACH FL 32963 B0000460 US US 2. Principal Place of Business 3. Mailing Address **US** 9707 US 9707 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #13 井13 Applied For 4. FEI Number City & State City & State 65-0278690 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired dianKiver Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE WILLIAM MOORE, WILLIAM A JR Street Address (P.O. Box Number is Not Acceptable) 138 ANCHOR DRIVE -9707 US VERO BEACH FL-32063 Zip Code 32958 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 WILLIAM A MOORE Fr. ure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Delete TITLE MOORE, WILLIAM A., JR. NAME NAME MOORE JEC 136 ANCHOR DRIVE STREET ADDRESS STREET ADDRESS VERO BEACH EL 32963 CITY-ST-ZIP CITY-ST-ZIP Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete\_\_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 poor 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: