

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07879

1. Entity Name

GULF INDUSTRIES II, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90089 029 ***150.00

Principal Place of Business

2750 STICKNEY PT. RD.
 SUITE 201
 SARASOTA FL 34231
 US

Mailing Address

2750 STICKNEY PT. RD.
 SUITE 201
 SARASOTA FL 34231-6024
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0316997

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

SMITH, KENNETH D.
 2750 STICKNEY POINT ROAD
 #201
 SARASOTA FL 34231

Name *DOOLEY, WILLIAM A. ESQ.*

Street Address (P.O. Box Number is Not Acceptable)

1432 FIRST STREET

City *SARASOTA*

FL

Zip Code *34236*

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 or printed name of registered agent and title if applicable.

KENNETH D. SMITH

(NOTE: Registered Agent signature required when reinstating)

APRIL 26, 2000

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DOOLEY, WILLIAM R	
STREET ADDRESS	2750 STICKNEY PT. RD, SUITE 201	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, KENNETH D.	
STREET ADDRESS	2750 STICKNEY RD., SUITE 201	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MACK, WENDY L	
STREET ADDRESS	2750 STICKNEY PT. RD, SUITE 201	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Wendy L. Mack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WENDY L. MACK

4-26-00 (941) 921-4636

Date

Daytime Phone #

CR2E034 (9/99)