## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2001 8:00 am Secretary of State DOCUMENT # 5 71022. Gulf Coast Electric Motor Service, Inic 04-10-2001 90123 018 \*\*\*150.00 Mailing Address Principal Place of Business 3810 Hopkins St P.O. Box 1322 Pensacola FL 32505-5223 Pensacola FL A0045783 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1811671 Not Applicable αiΣ Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Higinio Rodriguez 3032 Knotty Pine Rd. Street Address (P.O. Box Number is Not Acceptable) Pensicola FL 32505 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. -Trust Fund Contribution. - - -П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS \* 12. ☐ Addition TITLE Change ☐ Delete TITLE QT2 Rodriguez, Susana 3032 kno Hy Pine Pensacola FL 32505 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME Rodriguez, HigiNio 3032 Knotty Pine STREET ADDRESS STREET ADDRESS City-St-7IP Pengacula FC 32505 CITY-ST-ZIP ☐ Change — ☐ Addition TITÍ F TITLE Rodriguez, Higinio III NAME NAME 1432 Nicklaus Lane STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Milton FL Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

- Susana Rodriguez

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/3/2001

(850)433-5134

Daytime Phone #