

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90062 004 \*\*\*150.00

<b>DOCUMENT # 812556</b>	
1. Entity Name <b>GULF COAST MARINE SUPPLY COMPANY</b>	
Principal Place of Business <b>501 STIMRAD ROAD P.O. DRAWER "K" MOBILE ALABAMA 36601</b>	Mailing Address <b>501 STIMRAD ROAD P.O. DRAWER "K" MOBILE ALABAMA 36601-0160</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>63-0089650</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>MATTHEWS, JAMES D. 7885 PENSACOLA BLVD PENSACOLA FL 32504</b>		7. Name and Address of New Registered Agent
		Name <b>John T. Mostellar Jr.</b>
		Street Address (P.O. Box Number is Not Acceptable) <b>7885 Pensacola Blvd.</b>
		City <b>Pensacola</b> <b>FL</b> Zip Code <b>32504</b>

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 **2-28-00**

Signature, typed or printed name of registered agent and title, 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.  **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CD MOSTELLAR, MARVIN, JR. 501 STIMRD ROAD MOBILE AL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MOSTELLAR, JOHN T. 501 STIMRD ROAD MOBILE AL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MOSTELLAR, JAMES C. 501 STIMRAD ROAD MOBILE AL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SANFORD, GORDON V. 501 STIMRAD RD MOBILE AL</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 a address, with all other like empowered.

SIGNATURE: DATE **3/14/2000** Daytime Phone # **334 452 8066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR