

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000047717**

1. Entity Name

**GULF COAST AUDIO DESIGN, INC.****FILED****Feb 01, 2000 8:00 am  
Secretary of State**

02-01-2000 90128 019 \*\*\*150.00

Principal Place of Business

**2277 TRADE CENTER WAY  
SUITE 102  
NAPLES FL 34109  
US**

Mailing Address

**2277 TRADE CENTER WAY  
SUITE 102  
NAPLES FL 34109-2035  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0422055**Applied For  
Not Applicable5. 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****MCCLELAND, JOHN M  
2277 TRADE CENTER WAY  
SUITE #102  
NAPLES FL 34109**

Name

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

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLELAND, JOHN M</b>	
STREET ADDRESS	<b>6878 WELLINGTON DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLELAND, PATRICIA A</b>	
STREET ADDRESS	<b>6878 WELLINGTON DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PRESIDENT / CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN M MCCLELAND</b>	
STREET ADDRESS	<b>8255 DANBURY BLVD 0203</b>	
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	

TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICIA A. MCCLELLAND</b>	
STREET ADDRESS	<b>8255 DANBURY BLVD 0203</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34120</b>	

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		
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		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00 941 594-8590

Date

Daytime Phone #