

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90163 034 ***150.00

DOCUMENT # 270383

1. Entity Name

GULF COAST AUTO SUPPLY INC

Principal Place of Business

Mailing Address

2129 RINGLING BLVD.
 SARASOTA FL 34237

2129 RINGLING BLVD.
 SARASOTA FLA 34237-7003

2. Principal Place of Business

3. Mailing Address

2705 MALL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA FL

4. FEI Number **59-1005704**

Applied For
 Not Applicable

Zip

Country

Zip **34231-5941** Country **USA**

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

MACY, WILLIAM
2129 RINGLING BLVD.
SARASOTA FL 34237

Name
 Street Address (P.O. Box Number is Not Acceptable)
2705 MALL DR
 City **SARASOTA** FL Zip Code **34231**

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 *William Macy* **William Macy** **4/17/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STD	DRAGOVICH, ANN (ASSITAN)	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1333-35 EISENHOWER BLVD.	STREET ADDRESS	123 FAIRFIELD Ave
CITY-ST-ZIP	JOHNSTOWN PA	CITY-ST-ZIP	
VD	MILLER, ELDON E., JR.	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2129 RINGLING BLVD.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
STD	SCHONEK, W. E.	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	123 FAIRFIELD AVE.	STREET ADDRESS	
CITY-ST-ZIP	JOHNSTOWN PA	CITY-ST-ZIP	
VD	MARKOW, RICHARD	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1017 PINLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	CITY-ST-ZIP	
PD	MACY, WILLIAM	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2129 RINGLING BLVD.	STREET ADDRESS	2705 MALL DRIVE
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	123 FAIRFIELD AVE
CITY-ST-ZIP		CITY-ST-ZIP	JOHNSTOWN, PA

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: *Stanley Shiley* **STANLEY SHILEY** **4-5-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)