

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91446 006 ***150.00

DOCUMENT # 270383

1. Entity Name
GULF COAST AUTO SUPPLY INC



Principal Place of Business
**2705 MALL DRIVE
SARASOTA FL 34231**

Mailing Address
**2705 MALL DRIVE
SARASOTA FL 34231**



2. Principal Place of Business

123 FAIRFIELD AVE

Suite, Apt. #, etc.

3. Mailing Address

123 FAIRFIELD AVE

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
JOHNSTOWN, PA

City & State
JOHNSTOWN, PA

4. FEI Number **59-1005704**

Applied For
Not Applicable

Zip **15906** Country **USA**

Zip **15906** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MACY, WILLIAM

2705 MALL DRIVE

SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

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

2320 BEE RIDGE RD

LOT 146 A

City

FL

Zip Code

34239

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
NAME **DRAGOVICH, ANN (ASSITAN)**
STREET ADDRESS **123 FAIRFIELD AVE**
CITY-ST-ZIP **JOHNSTOWN PA**

TITLE **PD** ☐ Delete
NAME **MACY, WILLIAM**
STREET ADDRESS **2705 MALL DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VD** ☐ Delete
NAME **SHILEY, STANLEY**
STREET ADDRESS **123 FAIRFIELD AVE**
CITY-ST-ZIP **JOHNSTOWN PA**

TITLE **VP** ☐ Delete
NAME **SZEWczyk, LINDA J**
STREET ADDRESS **305 FRANKLIN STREET**
CITY-ST-ZIP **JOHNSTOWN PA 15901**

TITLE **ASTD** ☐ Delete
NAME **GRAHAM, MICHELLE R**
STREET ADDRESS **305 FRANKLIN ST.**
CITY-ST-ZIP **JOHNSTOWN PA 15901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2320 Bee RIDGE RD**
CITY-ST-ZIP **LOT 146 A**
34239

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stanley Shiley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

Date

Daytime Phone #

CR2E034 (10/02)