

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90057 039 \*\*\*150.00

**DOCUMENT # 272828**



1. Entity Name  
**GOLD COAST POWER SPRAYING, INC.**

Principal Place of Business  
**45 SE 5 CT  
POMPANO BEACH FL 33060**

Mailing Address  
**45 SE 5 CT  
POMPANO BEACH FL 33060**

**11006861**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1009085**

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**RHOADS, WALTER JR.  
965 SW 3 AVE  
POMPANO BEACH FL 33060**

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

SIGNATURE *Walter Rhoads*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-03  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RHOADS, L WALTER</b>	
STREET ADDRESS	<b>45 SE 5 COURT</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>RHOADS JR, L WALTER</b>	
STREET ADDRESS	<b>45 SE 5 COURT</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RHOADS, EDNA</b>	
STREET ADDRESS	<b>45 SE 5 COURT</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Walter Rhoads*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03 954-942-0491  
Date Daytime Phone #

CR2E034 (10/02)