

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90153 007 \*\*\*150.00

**DOCUMENT # 535559**

1. Entity Name  
**GULF COAST DISTRIBUTORS, INC.**



Principal Place of Business

**22031 US 19 N.  
 CLEARWATER FL 33765  
 US**

Mailing Address

**22031 U.S. 19 N.  
 CLEARWATER FL 33765  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1739528**

Applied For

Not Applicable

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

**LENOCE, GEORGE JR.  
 2082 EDGEWATER DR  
 UNIT D  
 CLEARWATER FL 33755**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **P** ☐ Delete  
 NAME **LENOCE, GEORGE J**  
 STREET ADDRESS **2087 D EDGEWATER DRIVE**  
 CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **T** ☐ Delete  
 NAME **LENOCE, LEE**  
 STREET ADDRESS **12604 CORRAL RD**  
 CITY-ST-ZIP **TAMPA FL 34626**

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

TITLE **V** ☐ Delete  
 NAME **LENOCE, GEORGE III**  
 STREET ADDRESS **2387 HAZELWOOD LANE**  
 CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **S** ☐ Delete  
 NAME **BARRETT, LINDA**  
 STREET ADDRESS **2420 SABER CT**  
 CITY-ST-ZIP **CLEARWATER FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/02 727 799-0117  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

975590

# 535559

**Gulf Coast Distributors, Inc.**

**22031 US 19 North**

**Clearwater, FL 33765**

**GulfCoastGumball@aol.com**

**800-226-5432**

**727-799-0117**

August 15, 2002

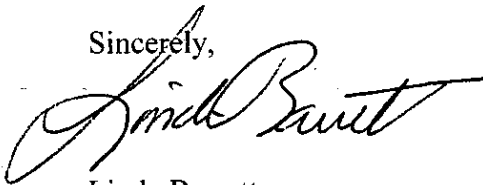
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

We just received this form, stating that we didn't pay our \$150 fee on time. This notice is the first correspondence regarding the fee. If you check our records, you will see that we have never paid this fee late. It would have been paid on time if we had received the original notice.

Enclosed is a check for \$150. I hope this is acceptable and assure you this will never happen again.

Sincerely,



Linda Barrett  
Secretary