

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002556

1. Entity Name

GULF COAST EQUIPMENT LEASING, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90091 017 ***550.00

Principal Place of Business

PO BOX 2567
 MOBILE AL 36652

Mailing Address

PO BOX 2567
 MOBILE AL 36652

2. Principal Place of Business

PO BOX 91508

3. Mailing Address

PO BOX 91508

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MOBILE, AL

City & State

MOBILE, AL

4. FEI Number

63-1189926

Applied For

Not Applicable

Zip

36691

Country

USA

Zip

36691

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, C. F.
 3245 WEST FAIRFIELD DRIVE
 PENSACOLA FL 32505

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE ☐ Delete
 NAME PC
 STREET ADDRESS GREENWOOD, L. D
 CITY-ST-ZIP #2 SOUTH WATER STREET
 MOBILE AL 36602

TITLE ☐ Delete
 NAME VVC
 STREET ADDRESS COPELAND, J. R
 CITY-ST-ZIP #2 SOUTH WATER STREET
 MOBILE AL 36602

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ROBINSON, C. F.
 CITY-ST-ZIP 3245 WEST FAIRFIELD DRIVE
 PENSACOLA FL 32505

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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:

J Robert Copeland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 JULY 00

Date

(834) 661-1275

Daytime Phone #

J ROBERT COPELAND