

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002556

1. Entity Name

GULF COAST EQUIPMENT LEASING, INC.

Principal Place of Business

PO BOX 91508
MOBILE AL 36691

Mailing Address

PO BOX 91508
MOBILE AL 36691

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 12, 2001 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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3751 JOY SPRINGS DRIVE
MOBILE AL 36693

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3751 JOY SPRINGS DRIVE
MOBILE AL 36693

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

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

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

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

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. R. COPELAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Aug 01 (251) 661-1275
Date Daytime Phone #

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90002 027 ***550.00



DO NOT WRITE IN THIS SPACE

0135360 AT

CR2E034 (5/01)