

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90036 047 \*\*\*150.00

**DOCUMENT # G70523**

**1. Entity Name**  
**GULF COAST AERO-SYSTEMS, INC.**

**Principal Place of Business**

**2201 RINGLING BLVD. SUITE #202**  
**P. O. BOX 3729**  
**SARASOTA FL 34230**

**Mailing Address**

**2201 RINGLING BLVD. SUITE #202**  
**P. O. BOX 3729**  
**SARASOTA FL 34230**

**429204**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**7910 N. TAMMAM TR.**  
**Suite 210**

**3. Mailing Address**

**P.O. Box 3739**  
**Suite, Apt. #, etc.**

**City & State**

**Sarasota, FL**

**City & State**

**Sarasota, FL**

**4. FEI Number**

**59-2360446**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LINDSAY ROBERT A.**  
**2201 RINGLING BLVD., STE. 202**  
**SARASOTA FL 34237**

**7. Name and Address of New Registered Agent**

**Name**

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

**7910 N. TAMMAM TR**

**City**

**Sarasota, FL**

**FL**

**Zip Code**

**34234**

**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)

**31 Jan 01**

**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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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** **PST** ☐ Delete  
**NAME** **LINDSAY, ROBERT A.**  
**STREET ADDRESS** **2201 RINGLING BL. #202**  
**CITY-ST-ZIP** **SARASOTA FL**

**TITLE** **D** ☐ Delete  
**NAME** **LINDSAY, ROBERT A.**  
**STREET ADDRESS** **2201 RINGLING BL. #202**  
**CITY-ST-ZIP** **SARASOTA FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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** **Box 3739**  
**CITY-ST-ZIP** **Sarasota, FL 34230**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **Box 3739**  
**CITY-ST-ZIP** **Sarasota, FL 34230**

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

CR2E034 (9/01)

**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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**29 Apr 2002 941-955-8092**  
 Date Daytime Phone #