

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90031 018 \*\*\*150.00

**DOCUMENT # H60377**

1. Entity Name

UNI-TECH, GULF COAST, INC.



Principal Place of Business

4002 19TH AVE WEST (34205)  
PO BOX 7292  
BRADENTON FL 34210

Mailing Address

4002 19TH AVE WEST (34205)  
PO BOX 7292  
BRADENTON FL 34210

2. Principal Place of Business

4501 MANATEE AVE. WEST

Suite, Apt. #, etc.

# 220

3. Mailing Address

Suite, Apt. #, etc.

City & State

BRADENTON, FL.

City & State

Zip

34209

Country

MANATEE

Zip

Country

4. FEI Number

65-0021374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZEIGLER, JESSICA J  
106 E COLLEGE AVE  
STE 1200  
TALLAHASSEE FL 32301

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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE ST ☐ Delete  
NAME FERRERI, PATRICIA  
STREET ADDRESS 4002 19TH AVE WEST  
CITY-ST-ZIP BRADENTON FL

TITLE DP ☐ Delete  
NAME FERRERI, SALVATOR  
STREET ADDRESS 4002 19TH AVE WEST  
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ Delete  
NAME FERRERI, JESSICA JAE  
STREET ADDRESS 2622 STONERIDGE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE V ☐ Delete  
NAME O'NEILL, JOSEPH  
STREET ADDRESS 408 64TH STREET CT NW  
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Patricia A. Ferreri* **PATRICIA ANN FERRERI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 Jan. 04 941-749-5858  
Date Daytime Phone #