

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K41971

1. Entity Name

GULF COAST SECURITY PLUS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90245 026 ***150.00

Principal Place of Business 1800 BRIDGE STREET ENGLEWOOD FL 34223	Mailing Address 1800 BRIDGE STREET ENGLEWOOD FL 34223-1546
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 406 N. Indiana Ave. Suite, Apt. #, etc. #4 City & State Englewood, FL Zip 34223 Country USA		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country	
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4. FEI Number 65-0080267	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCKINNIE, JAMES S. 1800 BRIDGE STREET ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent Name McKinnie, Bethany A. Street Address (P.O. Box Number is Not Acceptable) 5654 MacCaughey Drive City North Port FL Zip Code 34287	
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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: Bethany A. McKinnie 04-12-00
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 \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCKINNIE, SANDRA D. 1800 BRIDGE STREET ENGLEWOOD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKINNIE, STEVEN E. 1800 BRIDGE STREET ENGLEWOOD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MCKINNIE, JAMES S. 1800 BRIDGE STREET ENGLEWOOD FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD McKinnie, Steven E. 5654 MacCaughey Drive North Port, FL 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD McKinnie, Bethany A. 5654 MacCaughey Drive North Port, FL 34287 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Bethany A. McKinnie 4-12-00 941-474-2656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)