

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K41971

1. Entity Name  
GULF COAST SECURITY PLUS, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90214 046 \*\*\*150.00

Principal Place of Business

1800 BRIDGE STREET  
ENGLEWOOD FL 34223

Mailing Address

1800 BRIDGE STREET  
ENGLEWOOD FL 34223

2. Principal Place of Business

406 N. Indiana Avenue

3. Mailing Address

406 N. Indiana Avenue

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

Englewood, FL

City & State

Englewood, FL

Zip

34223

Country

USA

Zip

34223

Country

USA

4. FEI Number 65-0080267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKINNIE, JAMES S.  
1800 BRIDGE STREET  
ENGLEWOOD FL 34223

Name

Sandra D. McKinnie

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

1800 Bridge Street

City

Englewood

FL

Zip Code

34223

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

*Sandra D. McKinnie*  
Sandra D. McKinnie

04-25-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MCKINNIE, SANDRA D.  
STREET ADDRESS 1800 BRIDGE STREET  
CITY-ST-ZIP ENGLEWOOD FL

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

TITLE VD ☐ Delete  
NAME MCKINNIE, STEVEN E.  
STREET ADDRESS 1800 BRIDGE STREET  
CITY-ST-ZIP ENGLEWOOD FL

TITLE ☒ Change ☐ Addition  
NAME McKinnie, Steven E.  
STREET ADDRESS 5654 MacCaughey Dr.  
CITY-ST-ZIP North Port, FL 34287

TITLE TSD ☒ Delete  
NAME MCKINNIE, JAMES S.  
STREET ADDRESS 1800 BRIDGE STREET  
CITY-ST-ZIP ENGLEWOOD FL

TITLE ☐ Change ☒ Addition  
NAME McKinnie, Bethany A.  
STREET ADDRESS 5654 MacCaughey Dr.  
CITY-ST-ZIP North Port, FL 34287

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Sandra D. McKinnie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SANDRA D. MCKINNIE

4-26-01 941-474-2656  
Date Daytime Phone #

CR2E034 (10/00)