

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90036 024 \*\*\*150.00

**DOCUMENT # K48292**

1. Entity Name

**GOLDCOAST AUTOTRONICS, INC.**

Principal Place of Business

Mailing Address

C/O J.L. BOLTON  
6555 POWERLINE RD., SUITE 401  
FT. LAUDERDALE FL 33309

C/O J.L. BOLTON  
6555 POWERLINE RD., SUITE 401  
FT. LAUDERDALE FL 33309-2051

2. Principal Place of Business

*5601 Powerline Road*

3. Mailing Address

*C/O James Gelbert  
5601 Powerline Road*



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

*Suite 105*

Suite, Apt. #, etc.

*Suite 105*

City & State

*Fort Lauderdale FL*

City & State

*Fort Lauderdale FL*

4. FEI Number

**65-0087657**

Applied For

Not Applicable

Zip

*33309-2831*

Country

*USA*

Zip

*33309-2831*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, JAY J**  
6555 POWERLINE RD., SUITE 401  
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

*J. Jay Harris*

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

*5601 Powerline Rd., Suite 105*

City

*Fort Lauderdale*

FL

Zip Code

*33309-2831*

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.

*J. Jay Harris, President*

(NOTE: Registered Agent signature required when reinstating)

DATE

*JAN 31 2000*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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 ☐ Delete  
NAME **PT**  
STREET ADDRESS **HARRIS, JAY J**  
CITY-ST-ZIP **5901 BARTRAM ST  
BOCA RATON FL 33433**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **BOLTON, J L**  
CITY-ST-ZIP **1073 WHITE HART COURT  
MARCO ISLAND FL 34145**

TITLE ☐ Delete  
NAME **SV**  
STREET ADDRESS **CRAIG, WALTER J**  
CITY-ST-ZIP **5991 NE 18 TERR  
FT LAUDERDALE FL 33308**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **WOLSTIENCROFT, RUSSELL E. J**  
CITY-ST-ZIP **5200 NW 31ST AVE G-122  
FT. LAUDERDALE FL 33309**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **PARRISH, ANTHONY**  
CITY-ST-ZIP **1805 NW 58TH AVE  
LAUDERHILL FL 33313**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **J. Jay Harris**  
STREET ADDRESS **21161 Via Ventura**  
CITY-ST-ZIP **Boca Raton FL 33433**

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

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

TITLE ☒ Change ☐ Addition  
NAME **WOLSTIENCROFT, Russell E. JR**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **809 SW 18th Court**  
CITY-ST-ZIP **Fort Lauderdale, FL 33315**

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:

*J. Jay Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JAN 31 2000**

*President*

**954 491-3800**