## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # K48292** 1. Entity Name GOLDCOAST AUTOTRONICS, INC. 28-2001 90117 021 \*\*\*150.00 Principal Place of Business Mailing Address 5601 POWERLINE ROAD 5601 POWERLINE ROAD SUITE 105 SUITE 105 FORT LAUDERDALE FL 33309-2831 FORT LAUDERDALE FL 33309-2831 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0087657 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Éee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, JAY J Street Address (P.O. Box Number is Not Acceptable) 5601 POWRLINE RD, SUITE 105 FORT LAUDERDALE FL 33309-2831 Zip Code City ---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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Delete TITLE TITLE Change Addition HARRIS, JAY J NAME NAME 21161 VIS VENTURA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Delete Change Addition NAME BOLTON, J L NAME 1073 WHITE HART COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Defete Change Addition TITLE CRAIG, WALTER J NAME STREET ADDRESS 5991 NE 18 TERR STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE WOLSTENCROFT, RUSSELL E JR NAME NAME STREET ADDRESS STREET ADDRESS 5200 NW 31ST AVE G-122 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete TITLE Change Addition TITLE PARRISH, ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 809 SW 18TH COURT CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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 tusted 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:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

FEB 2 3 2001

954-491-3800

Daytime Phone #