

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48292

1. Entity Name

GOLDCOAST AUTOTRONICS, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90124 027 \*\*\*150.00

Principal Place of Business

5601 POWERLINE ROAD  
SUITE 105  
FORT LAUDERDALE FL 33309-2831  
US

Mailing Address

5601 POWERLINE ROAD  
SUITE 105  
FORT LAUDERDALE FL 33309-2831  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0087657

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARRIS, JAY J

5601 POWRLINE RD, SUITE 105  
FORT LAUDERDALE FL 33309-2831

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.

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  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	PT	<input type="checkbox"/> Delete
NAME	HARRIS, JAY J	
STREET ADDRESS	21161 VIS VENTURA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOLTON, J L	
STREET ADDRESS	1073 WHITE HART COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	SV	<input type="checkbox"/> Delete
NAME	CRAIG, WALTER J	
STREET ADDRESS	5991 NE 18 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARRISH, ANTHONY	
STREET ADDRESS	809 SW 18TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB - 5 2002

RY 491-380

Date

Daytime Phone #

CR2E034 (9/01)