

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90006 028 ***150.00

DOCUMENT # L01000019372

1. Entity Name

GULF COAST RENTAL SERVICES L.L.C.

Principal Place of Business

**601 ELKCAM CIRCLE EAST, UNIT A-7
 MARCO ISLAND FL 34145**

Mailing Address

**601 ELKCAM CIRCLE EAST, UNIT A-7
 MARCO ISLAND FL 34145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNAUERHASE, GEROLD
 1106 DORCHESTER COURT
 NAPLES FL 34104**

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

**FILE NOW!!! FEE IS 950.00 - 150.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

**- THIS IS A "C" CORPORATION
 AND NOT A HOME-OWNERS
 ASSOC.**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** **PETER LEIST** ☐ Delete
 NAME
 STREET ADDRESS **601 ELKCAM CIRCLE EAST, A-7**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

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

TITLE **Secy** **MARIANNE LEIST** ☐ Delete
 NAME **MD.**
 STREET ADDRESS **601 ELKCAM CIRCLE EAST, A-7**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X **SIGNATURE REQUIRED**

PETER LEIST

1/12/02 941-348-8481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)