

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L14148

1. Entity Name

GULFCOAST AUTO MART, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90027 039 ***150.00

Principal Place of Business

Mailing Address

4888 34TH STREET, NORTH
 ST. PETERSBURG FL 33714

4888 34TH STREET, NORTH
 ST. PETERSBURG FL 33714-3029

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

65-0143523

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOREL, ANDREW
 16308 GULF BLVD 3401
 REDINGTON BEACH FL 33708

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

Andrew Morel VP

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **MOREL, NADREW**
 STREET ADDRESS **16308 GULF BLVD 401**
 CITY-ST-ZIP **REDINGTON BEACH FL**

TITLE **VP** ☒ Change ☐ Addition
 NAME **MOREL, ANDREW**
 STREET ADDRESS **16308 GULF BLVD 401**
 CITY-ST-ZIP **REDINGTON BEACH FL**

TITLE **ST** ☒ Delete
 NAME **MOREL, ALEXANDER**
 STREET ADDRESS **16308 GULF BLVD #408**
 CITY-ST-ZIP **REDINGTON BEACH FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
 NAME **MOREL, TANYA**
 STREET ADDRESS **8471 79TH AVENUE N**
 CITY-ST-ZIP **SEMINOLE FL 34647**

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:

Andrew A. Morel VP

Date

Daytime Phone #

3-12-00 727-527-1222

CR2E034 (9/99)