

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90461 018 \*\*\*150.00

838814



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L82403**

1. Entity Name  
**GULFCOAST LINEN SERVICE, INC.**

Principal Place of Business 2660 AIRPORT ROAD SOUTH NAPLES FL 33962	Mailing Address 2660 AIRPORT ROAD SOUTH NAPLES FL 34112-4885
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>65-0214546</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BROWN, THOMAS R.**  
**2660 AIRPORT ROAD SOUTH**  
**NAPLES FL 33962**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRONE, WILLIAM G.	
STREET ADDRESS	350 7TH ST. N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MORTON, EDWARD A.	
STREET ADDRESS	350 7TH ST. N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	POBLETTS, CYNTHIA A.	
STREET ADDRESS	350 7TH ST. N.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESTON, ERNEST	
STREET ADDRESS	3251 GREEN DOLPHIN LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GAMBLE, DOLORES	
STREET ADDRESS	350 7TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, HUBERT E.	
STREET ADDRESS	350 7TH STREET NO.	
CITY-ST-ZIP	NAPLES FL 33940	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Myers, Richard	
STREET ADDRESS	350 7th Street No.	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	Chairperson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Richard A. Myers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # **941-436-5000**

CR2E034 (9/99)