

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002699

1. Entity Name
GULF COAST SECURITY AND SOUND, L.C.

Principal Place of Business

209 STATE STREET
OLDSMAR FL 34677

Mailing Address

209 STATE STREET
OLDSMAR FL 34677

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FONTES, DAVID A
209 STATE STREET
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

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.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM UNITED MED INVESTMENTS, INC. ☐ Delete
209 STATE STREET
OLDSMAR FL 34677

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM GULF COAST MEDICAL, INC. ☐ Delete
209 STATE STREET
OLDSMAR FL 34677

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM KELLY, PATRICK ☒ Delete
1812 RICHARD ERVIN PKWY.
TARPON SPRINGS FL 34689

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
*****50.00 *****50.00

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

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

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

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

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 *Manuel P. GARCIA* BEHAK

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

Date

Daytime Phone #

4-20-00 813-855-1559

FILED

01 MAY -2 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJM

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