

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90129 046 ***150.00

DOCUMENT # M95513

1. Entity Name
GULF COAST AUDIO VISUAL PRODUCERS, INC.



Principal Place of Business
**19 W GARDEN ST.
SUITE 100
PENSACOLA FL 32501**

Mailing Address
**19 W GARDEN ST.
SUITE 100
PENSACOLA FL 32501**

2. Principal Place of Business
3720 N. PACE Blvd

3. Mailing Address
3720 N. PACE Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PENSACOLA Florida

City & State
PENSACOLA Florida

4. FEI Number **59-2917024**

Applied For
Not Applicable

Zip Country
32505 ESCAMBIA

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32505 ESCAMBIA

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

6. Name and Address of Current Registered Agent

**EDWARDS, CHARLES
19 W GARDEN ST.
SUITE 100
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name
CHARLES W. EDWARDS
Street Address (P.O. Box Number is Not Acceptable)
3720 N. PACE Blvd.
City **PENSACOLA** FL Zip Code **32505**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Charles W. Edwards**

4/8/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **EDWARDS, CHARLES W**
STREET ADDRESS **19 W. GARDEN ST., #100**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Charles W. Edwards - President 4/8/03 850-433-3016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)