

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91152 026 ****61.25

DOCUMENT # N94000005600

1. Entity Name
GOLD COAST CUTTERS, INC.

Principal Place of Business

**1907 CRYSTAL COURT
APT 132
ROCKLEDGE FL 32955**

Mailing Address

**1907 CRYSTAL COURT
APT 132
ROCKLEDGE FL 32955**

2. Principal Place of Business

6820 Anecia Ave

3. Mailing Address

6820 Anecia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA FL

City & State

COCOA FL

4. FEI Number **65-0603019**

Applied For

Not Applicable

Zip

32927

Country

BREVARD

Zip

32927

Country

BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARVELL, JILL A.
1907 CRYSTAL CT
132
ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

Name **HARVELL JILL**
Street Address (P.O. Box Number is Not Acceptable)
6820 Anecia Ave
City **Cocoa** FL Zip Code **32927**

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

Jill A Harvell

4-26-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, BUDDY 26005 ORANGE AVE FT PIERCE FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMANES, CHARLENE 7797 S MILITARY TRL LAKE WORTH FL 33463 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, WAYNE P.O. BOX 902 FELOBERE FL 33825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, REUBEN 2287 46TH AVE OKEECHOBEE FL 34973 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNOZ, SERGIO 9851 SW 47TH ST MIAMI FL 33165 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARVELL, JILL A 1907 CRYSTAL CT ROCKLEDGE FL 32955 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ADAMS BUDDY 26005 ORANGE AVE FT PIERCE FL 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MCMANUS CHARLEEN 7797 S. MILITARY TRL LAKE WORTH FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KNOTTOWNSEND KC 5480 PALMETTO AVE COCOA FL 32926 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BELLO JORGE 20925 SW 238th Homestead FL 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARVELL JILL A 6820 ANECIA AVE COCOA FL 32927 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:

Jill A Harvell

4-26-02

321 609 3991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)