

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001390

1. Entity Name

GULF CITY DISTRIBUTION, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90317 026 \*\*\*150.00

Principal Place of Business

Mailing Address

1412 ROYAL PALM SQ. BLVD., SUITE 103  
 FT. MYERS FL 33919

1412 ROYAL PALM SQ. BLVD., SUITE 103  
 FT. MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

209 S. WESTLAND  
 Suite, Apt. #, etc.  
 #3

209 S. WESTLAND  
 Suite, Apt. #, etc.  
 #3

City & State  
 TAMPA, FLORIDA

City & State  
 TAMPA, FLORIDA

Zip Country  
 33607 USA

Zip Country  
 33607 USA

4. FEI Number  
 65-0992143

Applied For  
 Not Applicable

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

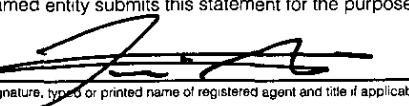
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, MARSHALL L  
 1412 ROYAL PALM SQ. BLVD., SUITE 103  
 FT. MYERS FL 33919

Name  
 TIMOTHY M. FISK  
 Street Address (P.O. Box Number is Not Acceptable)  
 209 S. WESTLAND #3  
 City TAMPA FL Zip Code 33607

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.

(NOTE: Registered Agent signature required when reinstating)

DATE  
 4/27/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FISK, TIMOTHY M	209 S. WESTLAND, APT. 3	TAMPA FL 33607	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
 4/27/00

DAYTIME PHONE #  
 813.629.5716

CR2E034 (9/99)