

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90095 027 ***158.75

DOCUMENT # **900000013937**

1. Entity Name

GULF COAST GROUP, INC.

Principal Place of Business

**18792 OSPREY WAY
 JUALTER, FL. 33458**

Mailing Address

SAME

2. Principal Place of Business

931 CAPE CORAL PKWY.

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL. #

City & State

4. FEI Number

05-0982693

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMES J. ACCURSO
 18792 OSPREY WAY
 JUALTER, FL. 33458**

Name

DONALD W. FELTS

Street Address (P.O. Box Number is Not Acceptable)

931 CAPE CORAL PKWY.

City

CAPE CORAL

FL

Zip Code

33904

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

Donald W. Felts, DONALD W. FELTS, PRESIDENT

4-27-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 **PRESIDENT & INCORPORATOR** ☒ Delete
 NAME **JAMES J. ACCURSO**
 STREET ADDRESS **18792 OSPREY WAY**
 CITY-ST-ZIP **JUALTER, FL. 33458**

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **DONALD W. FELTS**
 STREET ADDRESS **931 CAPE CORAL PKWY.**
 CITY-ST-ZIP **CAPE CORAL, FL. 33904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Donald W. Felts, DONALD W. FELTS 4-27-01 944-458-7333

CR2E034 (5/00)