

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90100 013 ***150.00

DOCUMENT # P00000052274

1. Entity Name
GULF COAST PALLETS, INC.



Principal Place of Business
3980 EXCHANGE AVE
NAPLES FL 34104

Mailing Address
3980 EXCHANGE AVE
NAPLES FL 34104



2. Principal Place of Business
750 Portside Dr
Suite, Apt. #, etc.

3. Mailing Address
750 Portside Dr
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Naples FL

City & State
Naples FL

4. FEI Number 59-3648846

Applied For
Not Applicable

Zip
34103

Country
Canada

Zip
34103

Country
Canada

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

CARROLL, KEVIN M
3980 EXCHANGE AVE
NAPLES FL 34104

Name

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

750 Portside Dr

City

Naples

FL

Zip Code

34103

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 *Kevin M. Carroll*
Signature, typed or printed name of registered agent and title if applicable.

Kevin M. Carroll
(NOTE: Registered Agent signature required when reinstating)

4/28/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CARROLL, KEVIN M
STREET ADDRESS 3980 EXCHANGE AVE
CITY-ST-ZIP NAPLES FL 34104

TITLE ☒ Change ☐ Addition
NAME *750 Portside Dr*
STREET ADDRESS *NAPLES, FL, 34103*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE:

Kevin M. Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/28/03 239 464 7208
Date Daytime Phone #

0534597 AV

CR2E034 (10/02)