

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91022 033 ***150.00

DOCUMENT # P00000063826



1. Entity Name
GULF COAST STORAGE BUILDINGS, INC.

Principal Place of Business
**10TH STREET EAST
HORSESHOE BEACH FL 32648**

Mailing Address
**P.O. BOX 278
HORSESHOE BEACH FL 32648**



2. Principal Place of Business

Rt 1 Box 112

Suite, Apt. #, etc.

3. Mailing Address

Rt 1 Box 112

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Horseshoe Bch. FL

Zip
32648

Country
US

City & State
Horseshoe Bch. FL

Zip
32648

Country
US

4. FEI Number **59-3657166**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SHERILL, JOHN
1ST STREET
HORSESHOE BEACH FL 32648**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 **VP** ☐ Delete
NAME **SHERILL, JOHN**
STREET ADDRESS **P O BOX 382**
CITY-ST-ZIP **HORSESHOE BEACH FL 32648**

TITLE **P** ☐ Delete
NAME **REED, JEFF**
STREET ADDRESS **RT 1 BOX 76**
CITY-ST-ZIP **HORSESHOE BEACH FL 32648**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

TITLE ☐ Change ☐ Addition
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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 an officer like empowered.

SIGNATURE:

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

John Sherrill

4-403

352-498-0778

Date

Daytime Phone #

CR2E034 (10/02)