

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90316 017 \*\*\*150.00

**DOCUMENT # P00000081574**



1. Entity Name  
**GULF COAST SUPPLY, INC.**

Principal Place of Business  
**3201 E. DEBAZAN AVE.  
ST. PETE BEACH FL 33706**

Mailing Address  
**3201 E. DEBAZAN AVE.  
ST. PETE BEACH FL 33706**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3678019**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**GUIDASH, ERIC  
621 76TH AVE.  
ST. PETE BEACH FL 33706**

## 7. Name and Address of New Registered Agent

Name **Deborah Woodell**  
Street Address (P.O. Box Number is Not Acceptable) **35 79th Avenue**  
City **Treasure Island** FL Zip Code **33706**

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 **Deborah Woodell**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-12-03**  
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

TITLE	P	<input type="checkbox"/> Delete
NAME	TURNER, CAROL A	
STREET ADDRESS	3201 E. DEBAZAN AVE.	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TURNER, NICOLE A	
STREET ADDRESS	35 79TH AVE.	
CITY-ST-ZIP	SUNSET BEACH FL 33706	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TURNER, JOHN E	
STREET ADDRESS	3201 E. DEBAZAN AVE.	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JOHN E	
STREET ADDRESS	3201 E. DEBAZAN AVE	
CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, NICOLE A.	
STREET ADDRESS	124 92nd Avenue	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, CAROL A	
STREET ADDRESS	3201 E. DEBAZAN AVE	
CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **Carol A Turner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-03** **727-360-5370**  
Date Daytime Phone #

CR2E034 (10/02)