

FILED
May 29, 2002 8:00 am
Secretary of State

05-07-2002 90233 001 ***150.00

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

DOCUMENT # P00000085632?

1. Entity Name

Gulf Coast Specialty Services, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27117 Edenbridge

3. Mailing Address

Same

DO NOT WRITE IN THIS SPACE

87246

City & State

Bonita Springs FL

City & State

Bonita Springs FL

4. FE Number

651040447

Applicable For

Not Applicable

Zip

34135

Country

USA

Zip

34135

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Bess Goben Kraft

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

27117 Edenbridge CT

City Bonita Springs FL

Zip Code 34135

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 business entity

(Signature of Agent is typed or printed name of registered agent)

9. This corporation is eligible to qualify its intrajurisdictional filing requirements and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME Bess Kraft Goben (D)
STREET ADDRESS 27117 Edenbridge CT
CITY-STATE-ZIP Bonita Springs FL 34135

NAME Kevin Kraft Vice Pres
STREET ADDRESS 27117 Edenbridge CT
CITY-STATE-ZIP Bonita Springs FL 34135

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

changes
NAME Bess Kraft (Director)
STREET ADDRESS 27117 Edenbridge CT
CITY-STATE-ZIP Bonita Springs FL 34135

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE

Bess Goben Kraft 5/22/02 941-3900058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DATE

Daytime Phone

Attached: Certificate of marriage for Name Change

BONITA SPRINGS, FL 34135

ATTACH # P00000085652/ 87246

Department of Health & Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This Record not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

*** 2824503 OR: 2856 PG: 2213 ***

RECORDED IN OFFICIAL RECORDS OF COLLIER COUNTY, FL
07/10/2001 at 10:00AM DWIGHT H. BROCK, CLERK

RFC FEB 6.00

Re: KEVIN E KRAFT
27117 EDENBRIDGE CT
BONITA SPRINGS FL 34135

01-0278GT

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (Last, First, Middle)		2. DATE OF BIRTH (Month, Day, Year)	
KEVIN KEITH KRAFT		AUGUST 15, 1949	
3. RESIDENCE - CITY, TOWN, OR LOCATION	4. CO. COUNTY	5. STATE	6. BIRTHPLACE (State or Foreign Country)
BONITA SPRINGS	LEE	FLORIDA	IOWA
7. BRIDE'S NAME (Last, First, Middle)		8. DATE OF BIRTH (Month, Day, Year)	
BESS GOBEN		JUNE 11, 1953	
9. RESIDENCE - CITY, TOWN, OR LOCATION	10. CO. COUNTY	11. STATE	12. BIRTHPLACE (State or Foreign Country)
BONITA SPRINGS	LEE	FLORIDA	IOWA

WE, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZED THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

13. SIGNATURE OF GROOM (Last, First, Middle)	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
<i>Kevin Kraft</i>	JUNE 21, 2001
15. TITLE OF OFFICIAL (Last, First, Middle)	16. SIGNATURE OF BRIDE (Last, First, Middle)
DEPUTY CLERK OF CIRCUIT COURT	<i>Bess Goblen</i>
17. SIGNATURE OF BRIDE (Last, First, Middle)	18. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
<i>Bess Goblen</i>	JUNE 21, 2001
19. TITLE OF OFFICIAL (Last, First, Middle)	20. SIGNATURE OF OFFICIAL (Last, First, Middle)
DEPUTY CLERK OF CIRCUIT COURT	<i>Michelle Valentin</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE CLERK OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
21. COUNTY ISSUING LICENSE	22. DATE LICENSE ISSUED	23. DATE LICENSE EXPIRES	24. EXPIRATION DATE
COLLIER	JUNE 21, 2001	JUNE 24, 2001	AUGUST 22, 2001
25. SIGNATURE OF COUNTY CLERK (Last, First, Middle)	26. TITLE	27. BY CLERK	
<i>Michelle Valentin</i>	DEPUTY CLERK	MV	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.	
28. DATE OF MARRIAGE (Month, Day, Year)	29. CITY, TOWN, OR LOCATION OF MARRIAGE
JULY 3, 2001	ST. AUGUSTINE, FL
30. SIGNATURE OF PERSON PERFORMING CEREMONY (Last, First, Middle)	31. ADDRESS (Of person performing ceremony)
<i>Walter F. James, Jr.</i>	83 Cedar St. St. Aug, FL 32084
32. NAME AND TITLE OF WITNESS TO CEREMONY (Last, First, Middle)	33. SIGNATURE OF WITNESS TO CEREMONY (Last, First, Middle)
WALTER F. JAMES, JR. MY COMMISSION # CC 007001 EXPIRES MAY 8, 2003 Clerk of the Circuit Court, Collier County	<i>Michelle Valentin</i>

State of FLORIDA
County of COLLIER

I HEREBY CERTIFY THAT this is a true and correct copy of a document recorded in the OFFICIAL RECORDS of Collier County WITNESS my hand and official seal this date, July 13, 2001
DWIGHT E. BROCK, CLERK OF CIRCUIT COURT
by: *Michelle Valentin*