

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90086 041 ***150.00

DOCUMENT # P01000009185

1. Entity Name
GULF COAST DIESEL INC.

Principal Place of Business

**2503 DEL PRADO. #505A
 CAPE CORAL FL 33904**

Mailing Address

**2503 DEL PRADO. #505A
 CAPE CORAL FL 33904**

2. Principal Place of Business

5478 Harbour Castle Dr.

Suite, Apt. #, etc.

3. Mailing Address

5478 Harbour Castle Dr.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33907

Country

Zip

33907

Country

4. FEI Number

65-1068647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JONES, ERIC B
 2503 DEL PRADO, #505A
 CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name **Eric B. Jones**
 Street Address (P.O. Box Number is Not Acceptable)
5478 Harbour Castle Dr.
 City **FT. MYERS** **FL** Zip Code **33907**

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 fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-02

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

TITLE **D** ☐ Delete
 NAME **JONES, ERIC B**
 STREET ADDRESS **1518 SW 54TH TERRACE**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **D** ☐ Delete
 NAME **JONES, JEANNIE M**
 STREET ADDRESS **1518 SW 54TH TERRACE**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Eric B. Jones** ☒ Change ☐ Addition
 NAME **5478 Harbour Castle Dr.**
 STREET ADDRESS **FT. MYERS, FL 33907**
 CITY-ST-ZIP

TITLE **Jeannie Jones** ☒ Change ☐ Addition
 NAME **5478 Harbour Castle Dr.**
 STREET ADDRESS **FT. MYERS, FL 33907**
 CITY-ST-ZIP

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

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

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

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:

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

4-26-02

Date

Daytime Phone #

CR2E034 (9/01)