

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90187 028 \*\*\*150.00

**DOCUMENT # P01000032869**

1. Entity Name  
**GULF COAST SHUTTLE & DELIVERY SERVICE, INC.**



Principal Place of Business  
**2500 BLUEWATER DR.  
NAVARRE FL 32568**

Mailing Address  
**2500 BLUEWATER DR.  
NAVARRE FL 32568**

20020000



2. Principal Place of Business

3. Mailing Address

**2038 Ortega St**

**2038 Ortega St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Navarre FL**

City & State  
**Navarre FL**

4. FEI Number **59-3710889**

Applied For  
Not Applicable

Zip Country  
**32566 USA**

Zip Country  
**32566 USA**

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

**PENN, HAYWARD W  
2500 BLUEWATER DR.  
NAVARRE FL 32568**

Name

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

**2038 Ortega Street**

City

**Navarre**

FL

Zip Code

**32566**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PENN, HAYWARD W</b>	
STREET ADDRESS	<b>2500 BLUEWATER DR.</b>	
CITY-ST-ZIP	<b>NAVARRE FL 32568</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PENN, BRENDA</b>	
STREET ADDRESS	<b>2500 BLUEWATER DR.</b>	
CITY-ST-ZIP	<b>NAVARRE FL 32568</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2038 Ortega Street</b>	
CITY-ST-ZIP	<b>Navarre, FL 32566</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2038 Ortega St</b>	
CITY-ST-ZIP	<b>Navarre, FL 32566</b>	
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: **Brenda Penn**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/03**  
Date

**(850)936-5827**  
Daytime Phone #

CR2E034 (10/02)