

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P01000042635**

1. Entity Name

GULF COAST TRANSFER & STORAGE, INC.**FILED**
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90173 007 ***300.00

0129054 AT

Principal Place of Business

**5686 CORPORATE CIR.
FT. MYERS FL 33905**

Mailing Address

**5686 CORPORATE CIR.
FT. MYERS FL 33905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1098816

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VERNAV, KELLY**5686 CORPORATE CIR.
FT. MYERS FL 33905**

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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D****VERNAV, KELLY
5686 CORPORATE CIR.
FT. MYERS FL 33905**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PRESIDENT
KELLY VERNAY-GONZALES
3651 BATEMAN RD
ALVA, FL 33920**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VICE-PRESIDENT
WILLIAM E VERANY SR.
4991 HIGGINBOTHAM RD
FT MYERS, FL 33905**☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VICE-PRESIDENT
RICHARD W. GONZALES
3651 BATEMAN RD
ALVA, FL 33920**☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

6076794
P01000042635

Page 1 of 2

Brenda Rollins

From: corphelp [corphelp@mail.dos.state.fl.us]
Sent: Tuesday, July 09, 2002 8:47 AM
To: 'Brenda Rollins'
Subject: RE: UNIFORM BUSINESS REPORT

To request that this office waive the late fees assessed to the corporation, please submit the uniform business report, along with the regular filing fee and a letter explaining why the uniform business report was filed after May 1, 2002. Our office will review the letter and determine whether or not the late fee can be waived. If it can, the document will be processed. If it cannot be waived, the document will be returned with a letter requesting the late fee be paid. Generally, the only provision this office has in waiving the late fees is if the corporation never received the original uniform business report in the mail and states that in writing.

To become aware of the filing requirements with the Division of Corporations, please review your acknowledgement letter that was processed when your Articles of Incorporation were filed. Below is a copy of that letter.

The Articles of Incorporation for GULFCOAST TRANSFER & STORAGE, INC. were filed on April 27, 2001 and assigned document number P01000042635. Please refer to this number whenever corresponding with this office regarding the above corporation.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO

SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT/UNIFORM BUSINESS REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT/UNIFORM BUSINESS REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT/UNIFORM BUSINESS REPORT NOTICES REACH YOU.

Leslie
Internet Access



Agent for Global Van Lines

WE KEEP MOVING SIMPLE.

Attachment *676794*
PO1000042635
Gulfcoast Transfer & Storage, Inc.

5686 Corporation Circle Fort Myers, FL 33905

Phone 941.694.8002, 941.694.8026

Charlotte County 941.637.1334

Fax 941.693.1717

Web move@gulfcoastglobal.com

July 31, 2002

Florida Dept of Agriculture &
Consumer services
Post Office Box 6700
Tallahassee, Florida 32314

Ref: Uniform Business Report

We are a new business, and we never received any documentation about filing the Uniform Business Form. Since we were unaware about this filing, we do not believe we should have to pay any kind of late fee or penalty fees. Thank you for your cooperation.

Sincerely Yours,

Kelly Gonzales
President

Attachment *6276794*
DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
INTRASTATE MOVER OF HOUSEHOLD GOODS IN FLORIDA REGISTRATION *PO1000042638*

9. List any corporation, business entity, or trade name that any owner listed in #8 has operated, was known as, or did business as a mover within the last 5 years (attach additional sheets indicating question number, if necessary) [507.03(1)].

a. Name of business _____

Address _____

City _____ State _____ Zip Code _____

b. Name of business _____

Address _____

City _____ State _____ Zip Code _____

10. Has the mover or any director, officer, owner, or general partner of the business:

- a. been convicted of a crime involving fraud, dishonest dealing, or any act of moral turpitude [507.03(8)(b)]? Yes ___ No X

(If yes, please complete the following information)

Name of individual _____

Nature of offense _____ Date _____

Court having jurisdiction _____

Disposition of offense _____ Date _____

- b. not satisfied a civil fine or penalty arising out of any administrative or enforcement action brought by any governmental agency or private person based upon conduct involving fraud, dishonest dealing, or any violation of Chapter 507, Florida Statutes [507.03(8)(c)]? Yes ___ No X
- c. a pending criminal, administrative, or enforcement proceeding in any jurisdiction, based upon conduct involving fraud, dishonest dealing, or any act of moral turpitude [507.03(8)(d)]? Yes ___ No X
- d. had a judgment entered in any action brought by the department or the Department of Legal Affairs pursuant to Chapter 507 or ss. 501.201-501.213, Florida Statutes [507.03(8)(e)]? Yes ___ No X

11. Name of liability insurance carrier [507.04(2)] (Provide proof of coverage.) [507.03(1)]

Name of carrier FIREMAN'S FUND/MOVING PROGRAM

Address C/O ROGERS, ATKINS, GUNTER & ASSOC. 1117 THOMASVILLE RD

City TALLAHASSEE State FL Zip Code 32303 Telephone No. 850-386-1111

Attachment

DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
INTRASTATE MOVER OF HOUSEHOLD GOODS IN FLORIDA REGISTRATION

676794
PD1000042638



REGISTRATION

INTRASTATE MOVER OF HOUSEHOLD GOODS
IN FLORIDA

CHARLES H. BRONSON
COMMISSIONER

CHAPTER 507, FLORIDA STATUTES

Make check payable and remit application to:

Florida Department of Agriculture &
Consumer Services
Post Office Box 6700
Tallahassee, Florida 32314

www.800helpfla.com

1-800-HELP FLA
(435-7352)(FL Only)

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

☒ INITIAL ☐ RENEWAL (Please check one)

1. Legal name of business [507.03(1)]: GULFCOAST TRANSFER & STORAGE, INC.

2. Trade or fictitious name(s) [507.03(1)]:

a. _____ Date registered _____

b. _____ Date registered _____

c. _____ Date registered _____

3. Primary business location address [507.03(1)]:

Street address 5686 CORPORATION CIRCLE

City FT MYERS State FLORIDA Zip Code 33905

Mailing address (if different) _____

City _____ State _____ Zip Code _____

4. Other business locations (attach additional sheets indicating question number, if necessary) [507.03(1)]:

a. Street address _____

City _____ State _____ Zip Code _____

b. Street address _____

City _____ State _____ Zip Code _____

5. Telephone number: 239-694-8002

Fax number: 239-693-1717

E-mail address: move@gulfcoastglobal.com

Website: _____

Org Code: 42100613000-A2
Object Code: 001022
Fee: \$300

Rx Date/Time
Date: 7/10/02 01:23 PM

JUL-10-2002(WED) 13:33

Sender's Fax ID: 850-561-3061

850 561 3061

P. 002

Page 2 of 2

Attachment

PO1000042635

ACORD. CERTIFICATE OF LIABILITY INSURANCE		OP ID LH ALLTH-1	DATE (MM/DD/YY) 07/10/02
PRODUCER Rogers, Atkins, Gunter & Associates Insurance, Inc. 1117 Thomasville Rd. Tallahassee FL 32303 Phone: 850-386-1111 Fax: 850-385-9827		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Gulf Coast Transfer & Storage Inc. All the Way With Bill Vernay Inc. 5674 Enterprise Parkway Ft Myers FL 33905		INSURERS AFFORDING COVERAGE	
		INSURER A: Firemans Fund/Movers Program	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	881MXG80792463	11/21/01	11/21/02	EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMPROP AGG \$ 2,000,000
	GEN'L AGGREGATE LMT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	881MXG80792463	11/21/01	11/21/02	COMBINED SINGLE LMT (EA accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Warehouse & Cargo Legal Liability	881MXG80792463	11/21/01	11/21/02	Carrier 100/200000 Warehouse 1,800,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Warehouse NOC					

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Florida Department of Agriculture & Consumer Services Box 6700 Tallahassee FL 32314	FLDEPAG	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE Lisa B. Abell