FILED
Jul 02, 2002 8:00 am
Secretary of State
05-27-2002 90433 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047921

1. Entity Name
CAPCO / GULFCOAST, INC. ✓

DO NOT WRITE IN THIS SPACE

37437

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2. Principal Place of Business		3. Mailing Address	
6350 S. TAMIAMI TR.		6350 S. TAMIAMI TR.	
Suite, Apt. #, etc. Suite #2		Suite, Apt. #, etc. Suite #2	
City & State SARASOTA, FL		City & State SARASOTA, FL.	
Zip 34231	Country U.S.	Zip 34231	Country U.S.

4. FEI Number 65-1103654 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name CLIFFORD A. PIERCE
Street Address (P.O. Box Number is Not Acceptable) 6350 S. TAMIAMI TR.
Suite #2
City SARASOTA, FL Zip Code 34231

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 CLIFFORD A. PIERCE [signature] 6-27-02
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 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

TITLE	PRES.
NAME	CLIFFORD A. PIERCE
STREET ADDRESS	6350 S. TAMIAMI TR, Suite #2
CITY-ST-ZIP	SARASOTA, FL. 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4.30.02 941-302-2865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #