

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90202 038 ***150.00

DOCUMENT # P01000052823

1. Entity Name

GULFSHORE MOVING AND CRATING, INC.

Principal Place of Business

384 DOVER PLACE
 504
 NAPLES FL 34101
 US

Mailing Address

384 DOVER PLACE
 504
 NAPLES FL 34101
 US

00104013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6300 JAMES LANE
 Suite, Apt. #, etc.
 #1

3. Mailing Address

6300 JAMES LANE
 Suite, Apt. #, etc.
 #1

City & State

Naples, FLA

City & State

Naples, FLA

Zip

34109

Country

Collier

Zip

34109

Country

Collier

4. FEI Number

65-1107829

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLLMAN, EDWARD E
 5129 CASTELLO DRIVE
 1
 NAPLES FL 34103

7. Name and Address of New Registered Agent

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ~~Secretary-Treasurer~~ ☐ Delete
 NAME ~~Beggs Hyria~~
 STREET ADDRESS
 CITY-ST-ZIP Naples, FLA

TITLE ~~President~~ ☐ Delete
 NAME ~~Thomas O Toole~~
 STREET ADDRESS ~~384 Dover Pl. #504~~
 CITY-ST-ZIP ~~Naples, FLA 34104~~

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 ~~517 Beggs Hyria~~ ☒ Change ☐ Addition
 NAME ~~Beggs Hyria~~
 STREET ADDRESS ~~8049 Mahogany Ridge Dr~~
 CITY-ST-ZIP ~~Naples, FLA 34119-2587~~

TITLE ~~Thomas O Toole~~ ☒ Change ☐ Addition
 NAME ~~Thomas O Toole~~
 STREET ADDRESS ~~384 Dover Place #504~~
 CITY-ST-ZIP ~~Naples, FLA 34104~~

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

TITLE ☐ Change ☐ Addition
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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: Thomas O Toole
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-02 276-6702

CR2E034 (4/02)

Attachment
Att# PD1000052883

7-24-02

To Whom It May Concern,

I just recently received this form to renew our corporate status. I telephoned and was told I should have received this form much sooner. I would assume this happened due to the fact that this is our first year as a corporation. I was told to send in a check for \$150⁰⁰ which is the normal fee.

If there is a problem you can reach me at 239-593-8090.

Thank you

Thomas J OToole

THOMAS T. OTOOLE