FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90222 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000022296

1. Entity Name
GULF COAST FILING & DOCUMENT MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
5052 PONITZ PARKWAY PACE, FL 32571 US	5052 PONITZ PARKWAY PACE, FL 32571 US

2. Principal Place of Business		3. Mailing Address	
600 University Office Blvd.		PO Box 10670	
Suite, Apt #, etc. Suite 8-B		Suite, Apt #, etc.	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32504	Country USA	Zip 32524	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 45-0466592 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WEBER, WILLIAM P
5052 PONITZ PARKWAY
PACE, FL 32571

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

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

TITLE	P	☐ Delete
NAME	WEBER, WILLIAM P	
STREET ADDRESS	5052 PONITZ PARKWAY	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	S	☐ Delete
NAME	WEBER, MARY T	
STREET ADDRESS	5052 PONITZ PARKWAY	
CITY-ST-ZIP	PACE, FL 32571	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/11/03 Daytime Phone # (850) 969-0131