2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P92000011738 GULF COAST MOBILITY, INC. 05-14-2001 90039 032 ***150.00 Principal Place of Business Mailing Address 1750 J&C BLVD 1750 J&C BLVD NAPLES FL 34109 NAPLES FL 34109 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0379193 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANE, L.J. JR Street Address (P.O. Box Number is Not Acceptable) 445 COUNTRY HOLLOW CT., B-106 NAPLES FL 33942 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE Change LANE, L J JR NAME NAME STREET ADDRESS 445 COUNTRY HOLLOW CT., B-106 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE ☐ Delete TITLE Change ☐ Addition LANE, JOAN S 🛬 ... NAME NAME STREET ADDRESS STREET ADDRESS 445 COUNTRY HOLLOW CT., B-106 CITY-ST-7IP CITY-ST-7IP NAPLES FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 addres all other like empowered.

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

L. J. Late Tr

☐ Delete

☐ Delete

President

4/30/2001

(941) 591-8990

Daytime Phone #

☐ Change

Change

Addition

Addition