

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90432 022 ***150.00

DOCUMENT # **P93000065088**



1. Entity Name
D & L GULF COAST ENTERPRISES, INC.

Principal Place of Business
**6421 TOPAZ CT
FT MYERS FL 33912
US**

Mailing Address
**P.O. BOX 1299
ESTERO FL 33928
US**



2. Principal Place of Business
3600 Work Dr
Suite, Apt. #, etc.

3. Mailing Address
PO Box 51089
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Fort Myers FL
Zip
33916 Country
USA

City & State
Fort Myers FL
Zip
33914 Country
USA

4. FEI Number **65-0439315**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, DAVE W
6421 TOPAZ CT
FT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name
Harris, Dave W.
Street Address (P.O. Box Number is Not Acceptable)
3600 Work Dr
City
Fort Myers FL Zip Code
33916

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, DAVE W	
STREET ADDRESS	6421 TOPAZ CT	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, LAURA J	
STREET ADDRESS	6421 TOPAZ CT	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris Dave W	
STREET ADDRESS	3600 Work Dr	
CITY-ST-ZIP	Fort Myers FL 33916	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris Laura J	
STREET ADDRESS	3600 Work Dr	
CITY-ST-ZIP	Fort Myers FL 33916	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED** **Laura Harris** Date **2-7-03** Daytime Phone # **239-275-4480**

CR2E034 (10/02)