

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90060 036 \*\*\*158.75

**DOCUMENT # P93000073006**

1. Entity Name  
**GULF COASTLINE SAFETY ENGINEERING, INC.**

Principal Place of Business 2775 OLD HWY 98 UNIT 4 DESTIN FL 32541-6839 US	Mailing Address 9062 MALLARD AVE FOUNTAIN VALLEY CA 92708-6420 US
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2. Principal Place of Business <b>487 CAPTAIN'S CIRCLE</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>DESTIN FL</b>	City & State	4. FEI Number <b>59-3211314</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32541</b>	Country <b>US</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>CHAMBERS, GLEN D 2775 OLD HWY 98 UNIT 4 DESTIN FL 32541</b>	7. Name and Address of New Registered Agent Name <b>CHAMBERS, GLEN D</b> Street Address (P.O. Box Number is Not Acceptable) <b>487 CAPTAIN'S CIRCLE</b> City <b>DESTIN FL</b> Zip Code <b>32541</b>
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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 **ONLY ADDRESS CHANGE - NO CHANGE IN REGISTERED AGENT**  
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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CHAMBERS, GLEN D 2775 OLD HWY 98 UNIT 4 DESTIN FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CHAMBERS, GLEN D 487 CAPTAIN'S CIRCLE DESTIN, FL 32541</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FLINT, LEE W 7358 MULBERRY LANE NAVARRE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V JONES, CHARLES R P.O. BOX 845 APO AP</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BRUCE, RICHARD D 9062 MALLARD AVE FOUNTAIN VALLEY CA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Richard D Bruce** **RICHARD D BRUCE (714)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SECRETARY 4-30-00 962-8443**  
Date Daytime Phone #

CR2E034 (9/99)