

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073006

1. Entity Name

GULF COASTLINE SAFETY ENGINEERING, INC.

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

05-24-2000 90060 036 ***158.75

Principal Place of Business

Mailing Address

2775 OLD HWY 98
 UNIT 4
 DESTIN FL 32541-6839
 US

9062 MALLARD AVE
 FOUNTAIN VALLEY CA 92708-6420
 US

2. Principal Place of Business

3. Mailing Address

487 CAPTAIN'S CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 DESTIN FL

City & State

4. FEI Number 59-3211314

Applied For
 Not Applicable

Zip 32541

Country US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBERS, GLEN D
 2775 OLD HWY 98
 UNIT 4
 DESTIN FL 32541

Name CHAMBERS, GLEN D
 Street Address (P.O. Box Number is Not Acceptable)
 487 CAPTAIN'S CIRCLE
 City DESTIN FL Zip Code 32541

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. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CHAMBERS, GLEN D | |
| STREET ADDRESS | 2775 OLD HWY 98 UNIT 4 | |
| CITY-ST-ZIP | DESTIN FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | FLINT, LEE W | |
| STREET ADDRESS | 7358 MULBERRY LANE | |
| CITY-ST-ZIP | NAVARRE FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | JONES, CHARLES R | |
| STREET ADDRESS | P.O. BOX 845 | |
| CITY-ST-ZIP | APO AP | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | BRUCE, RICHARD D | |
| STREET ADDRESS | 9062 MALLARD AVE | |
| CITY-ST-ZIP | FOUNTAIN VALLEY CA | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAMBERS, GLEN D | |
| STREET ADDRESS | 487 CAPTAIN'S CIRCLE | |
| CITY-ST-ZIP | DESTIN, FL 32541 | |
| 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 | | |

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 (714)
 SECRETARY 4-30-00 962-8443
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)