

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90023 035 ***550.00

DOCUMENT # P95000000418

1. Entity Name

GULFCOAST MOLD & TOOL CORPORATION

Principal Place of Business

4406 EXCHANGE AVENUE UNIT 130
 NAPLES FL 34104
 US

Mailing Address

4406 EXCHANGE AVENUE UNIT 130
 NAPLES FL 33942

A0077416



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0541572

Applied For
 Not Applicable

Zip

Country

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

SHAW, RALPH
 4406 EXCHANGE AVENUE UNIT 130
 NAPLES FL 33942

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.

SIGNATURE _____ DATE _____
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
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAW, RALPH STREET ADDRESS 2631 GULFVIEW DRIVE CITY-ST-ZIP NAPLES FL	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
NAME SHAW, BONNIE STREET ADDRESS 2631 GULFVIEW DRIVE CITY-ST-ZIP NAPLES FL	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
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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: SPRAWL **REQUIRED** Date: 9/8/00 Daytime Phone #: (941) 643-7017

CR2E034 (5/00)