

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000418

1. Entity Name

GULFCAOST 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SHAW, RALPH
4406 EXCHANGE AVENUE UNIT 130
NAPLES FL 33942

7. Name and Address of New Registered Agent

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

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, 2001 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

TITLE ☐ Delete
NAME D
STREET ADDRESS SHAW, RALPH
CITY-ST-ZIP 2631 GULFVIEW DRIVE
NAPLES FL

TITLE ☐ Delete
NAME D
STREET ADDRESS SHAW, BONNIE
CITY-ST-ZIP 2631 GULFVIEW DRIVE
NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Shaw, Ralph
STREET ADDRESS 3520 31st Ave. S.W.
CITY-ST-ZIP Naples, FL 34117

TITLE ☒ Change ☐ Addition
NAME Shaw, Bonnie
STREET ADDRESS 3520 31st Ave. S.W.
CITY-ST-ZIP Naples, FL 34117

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Bonnie Shaw Bonnie Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/01

941 643-1017
Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90033 041 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)