

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P9500000418

DOCUMENT # **P95000000418**

1. Entity Name
GULFCOAST MOLD & TOOL CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 10 PM 3:31

Principal Place of Business
**4406 EXCHANGE AVENUE UNIT 130
NAPLES FL 34104
US**

Mailing Address
**4406 EXCHANGE AVENUE UNIT 130
NAPLES FL 34104
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0541572**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



4/21/02 90865 035 150-00

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	SHAW, RALPH	3520 31ST AVE SW	NAPLES FL 34117	<input type="checkbox"/>	<input type="checkbox"/>
STD	SHAW, BONNIE	3520 31ST AVE SW	NAPLES FL 34117	<input type="checkbox"/>	<input type="checkbox"/>
D	SHAW, DANIEL	6042 SEA GRASS LANE	NAPLES FL 34116	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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: *Ralph Shaw* **RALPH SHAW** 01/24/03 239-643-1017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment 55103054 0015000000418

Gulfcoast Mold & Tool Corporation

Ralph Shaw
(941) 643-1017
Fax: 643-3152

4406 Exchange Ave
Unit #130
Naples, FL 34104

January 24, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Gulfcoast Mold & Tool Corporation

Please be advised that when last years 2002 Uniform Business Report was filed, the fee was paid twice in error. Please refer to a copy of our check #4124 dated 04/10/02 in the amount of \$300.00.

I contacted your office on January 15, 2003 and spoke with Justin who advised me to write and request that the overpayment of \$150.00 from last year be applied to our 2003 report. Please advise me if this is not acceptable.

Enclosed is our 2003 Uniform Business Report.

Sincerely,


S. L. Dobinsky
Comptroller