2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

4601 W KENNEDY BLVD

TAMPA FL 33609-2550

3. Mailing Address

Suite, Apt, #, etc.

DOCUMENT # P95000022296

1. Entity Name

GULF COAST OIL, INC.

Principal Place of Business

2. Principal Place of Business

W KENNEDY BLVD

Suite, Apt. #, etc.

IAMPA FL 33609

#202

City & State		City & State		4. F	4. FEI Number 59-3303954		oplied For ot Applicable	
Zip Country		Zip	Country 5. (Fee F		.75 Additional Required	
	6. Name and Address of Current Re	gistered Agent		7. N	lame and Address of New Regist	ered Agent		
			Name					
ROEDL, LAWRENCE 4601 W KENNEDY BLVD				Street Address (P.O. Box Number is Not Acceptable)				
								#202
TAMPA FL 33609			City			FL Zip Code	e	
	named entity submits this statement for the	no ourness of changing its	registered office or reg	istered an	ent, or both, in the State of Florida	<u> </u>		
8. The above	mamed entity submits this statement for the	te purpose of changing its	s registered office of reg	istered ag	one or boar, in the orate of rionea.		ļ	
CICNIATUDE			•					
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOT	E: Registered Agent signature re	quired when re	instating)	DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE					4 Flori Constitution Financia	- 05.0		
	requirement and elects to do so.		000 Fee will be \$550.	00	10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
(See criter	ria on back)	Make Check Payal	Check Payable to Department of State		Add to the design of the second to the secon			
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
TITLÉ	P	☐ Delete	TITLE			Change	Addition	
NAME	CONVEY, MICHAEL F		NAME					
STREET ADDRESS	301 NORTH WESTSHORE BLVD.		STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP					
TITLE	S	☐ Delete	TITLE			☐ Change	Addition	
NAME	CONVEY, DOLORES R		NAME					
STREET ADDRESS	301 N WESTSHORE BLVD		STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP					
TITLE	T	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	ROEDL, LAWRENCE		NAME					
STREET ADDRESS	301 N WESTSHOPRE BLVD		STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME	{		NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	1	☐ Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		- 			
13. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is to	nis filing does not qualify for tue and accurate and that	or the exemption stated my signature shall have	in Section the same	iegai ettect as il made under oath;	that i am an onicer	i di dilector	

FILED May 09, 2000 8:00 am Secretary of State

05-09-2000 90003 026 ***150.00



DO NOT WRITE IN THIS SPACE

IN THIS SPACE

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

121/00 (813) L86 - 7