

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028973

1. Entry Name

GULF COAST INDUSTRIES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90062 004 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

1380 - 15th Street West

Suite, Apt. #, etc.

3. Mailing Address

1380 - 15th Street West

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Riviera Beach, FL

City & State

Riviera Beach, FL

4. FEI Number

05-057598

Applied For

Not Applicable

Zip

33404

Country

Palm Beach

Zip

33404

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Cooper, Kelly

4455 Westroads Drive, Suite 202

West Palm Beach, FL 33407

7. Name and Address of New Registered Agent

Name FRY, J. MARSHALL

Street Address (P.O. Box Number is Not Acceptable)

1051 Nokomis Street

City

Clearwater

FL

Zip Code

33755

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

J. Marshall Fry, R.A.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/00

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

TITLE P
NAME HALL, ERNIE
STREET ADDRESS 1380-15th St. West
CITY-ST-ZIP Riviera Beach, FL 33404

☐ Delete

TITLE VP/S
NAME DESILVA, ROBERT
STREET ADDRESS 1380- 15th St. West
CITY-ST-ZIP Riviera Beach, FL 33404

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 or other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert DeSilva, V.P./Sec.

Date

Daytime Phone #

3/27/00 (561) 842-8880

CR2E034 (9/99)