

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033376

1. Entity Name

GULF COAST REFRIGERANTS, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90029 011 \*\*\*158.75

Principal Place of Business

Mailing Address

12820 DANIEL DRIVE, #13  
 CLEARWATER FL 33762

12820 DANIEL DRIVE, #13  
 CLEARWATER FL 33762-4417

2. Principal Place of Business

3. Mailing Address

12295-B1 AUTOMOBILE BLVD  
 Suite, Apt. #, etc.

12295-B1 AUTOMOBILE BLVD  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

CLEARWATER, FL  
 Zip 33762 Country USA

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 Zip 33762 Country USA

4. FEI Number

59-3304778

Applied For

Not Applicable

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

OLSEN, JULIE M  
 12820 DANIEL DRIVE, #13  
 CLEARWATER FL 34622

Name

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

12295-B1 AUTOMOBILE BLVD

City

CLEARWATER

FL

Zip Code

33762

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

*Julie M. Olsen*

JULIE M. OLSEN, PRESIDENT

4-6-00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	OLSEN, JULIE M	
STREET ADDRESS	500 SO. BELCHER RD #176	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LOOK, BARRY D	
STREET ADDRESS	12820 DANIEL DR #13	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4976 253RD ST. E.
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4976 253RD ST. E.
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Julie M. Olsen*  
 JULIE M. OLSEN, PRESIDENT

4-6-00

Date

927-572-1522

Daytime Phone #

CR2E034 (9/99)