

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060842

1. Entity Name

GOLD COAST FIRE EQUIPMENT, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90212 014 ***158.75

Principal Place of Business

C/O JUPITER LAW CENTER, CHASEWOOD PLAZA
SUITE 30, 6390 INDIANTOWN ROAD
JUPITER FL 33458

Mailing Address

C/O JUPITER LAW CENTER, CHASEWOOD PLAZA
SUITE 30, 6390 INDIANTOWN ROAD
JUPITER FL 33458

2. Principal Place of Business

1065 SILVER BEACH RD.
Suite, Apt. #, etc.
#4

3. Mailing Address

1065 SILVER BEACH RD.
Suite, Apt. #, etc.
#4

City & State

RIVIERA BEACH, FL

City & State

RIVIERA BEACH, FL

Zip

33403

Country

U.S.A.

Zip

33403

Country

U.S.A.

4. FEI Number

65-0603852

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUMSON, ADAM S ESQ.
C/O JUPITER LAW CENTER, CHASEWOOD PLAZA
SUITE 30, 6390 INDIANTOWN ROAD
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

DEBRA HENDERSON

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

1065 SILVER BEACH RD. #4

City

RIVIERA BEACH, FL

FL

Zip Code

33403

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

Debra Henderson
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)

2-7-01

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
HENDERSON, DEBRA
STREET ADDRESS 1065 SILVER BEACH ROAD, #4
CITY-ST-ZIP RIVIERA BEACH FL 33403

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Debra Henderson
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

Date

(561) 844 - 1150

CR2E034 (10/00)