FILED

Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90087 040 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P96000004704 **DOCUMENT #**

1. Entity Name

GULF COAST AUTOMOTIVE SPECIALTIES, INC.

						1							
Principal Place of Business 107 MOSLEY DRIVE UNIT I LYNN HAVEN FL 32444			Mailing Address 107 MOSLEY DRIVE UNIT I LYNN HAVEN FL 32444					I K arman w a kama amin dani aani		(EL 180 0) 1 80 11	AZNIK ČIAN (AZN		
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State				City & State				4. [FEI Number 59-3361119			pplied For ot Applicable	7
Zip : Country			Zip	Zip Cou							\$8.75 Additional		
	6. Name	and Address of Current	Registere	egistered Agent				7. 1	Name and Address of New Re				1
						Name					·		1
BRYANT, ROWLETT W							Street Address (P.O. Box Number is Not Acceptable)						1
833 HARRISON AVENUE						<u> </u>							1
PANAMA CITY FL 32401													1
						City				FL	Zip Coo	de	
	named entity tions of regist		r the purp	oose of changing its	egister	ed office or	register	ed ag	ent, or both, in the State of Flori	da. I am fa	miliar with	and accept	
SIGNATURE .										1-2	20-	13	
	Signature, typed	or printed hame of registered agent a	and title if app	olicable. (NOTE:	Registere	ed Agent signatu	re required	when re	einstating)	DATE			1
FILE NOW!!! FEE \$\$ \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State	State					Election Campaign Final Trust Fund Contribution.	ncing		00 May Be d to Fees	{
10.		OFFICERS AND	DIRECTO	IRS	11.			ΑD	L DITIONS/CHANGES TO OFFIC	ERS AND (DIRECTOR	RS IN 11	1
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NAME STREET ADDRESS		i, Michael Ey drive unit i			NAM	ie Eet adoress							
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STREET ADDRESS						EET ADDRESS							
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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 an other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition