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

## P96000035019 **DOCUMENT #**

GULF COAST GREASE CORP.



**FILED** Feb 19, 2003 8:00 am Secretary of State 02-19-2003 90019 027 \*\*\*150.00

Principal Place of Business P.O. BOX 15626 PANAMA CITY FL 32406 US		Mailing Address 1510 CONNECTICUT AVE LYNN AAVEN FL 32444 US			DI DUJU DRIGO KRITO KOM KODA	
2. Principal Place of Business		3. Mailing Address			#1 #1111 #4101   1410   1411   1451	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3389872 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S	8.75 Additional ee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Ag		
STRICKLAND, EDWARD M			Name	Name		
	NNECTICUT AVE		Street Address	s (P.O. Box Number is Not Acceptable)		
	VEN FL 32444		<del></del> -			
	N.	-	City	FL	Zip Code	
8. The above	e named entity submits this statement	for the purpose of changing	its registered office or regist	tered agent, or both, in the State of Florida. I am fan	1 '	
the obliga	tions of registered agent.	to the perpendicular origing	nto registered diffice of regist	tered agent, or both, in the State of Florida. I am fan	niliar with, and accept	
SIGNATURE						
	Signature, typed or printed name of registered age	nt and title if applicable. (N	NOTE: Registered Agent signature requir	red when reinstating) DATE		
F Atto	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing	#F 00	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS ANI	O DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STRICKLAND, EDWARD N 1510 CONNECTICUIT AVE. LYNN HAVEN FL 32444	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	

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 all other like empowered.

SIGNATURE:

EDNARD M. STRICKLAND