

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070695

1. Entity Name  
GULF COAST EXECUTIVE LIMOUSINE, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90157 022 \*\*\*158.75

Principal Place of Business

Mailing Address

2216 E OLIVE RD  
STE 100  
PENSACOLA FL 32514

PO BOX 10655  
PENSACOLA FL 32524

2. Principal Place of Business

3. Mailing Address

3559 SOUTHWIND DRIVE

P.O. Box 6106

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULF BREEZE

City & State

GULF BREEZE

4. FEI Number

59-3397675

Applied For

Not Applicable

Zip

32561

Country SANTA FL. ROSA

Zip

32561

Country

SANTA ROSA.

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

ROSE, WESLEY R  
2216 E OLIVE RD  
#100  
PENSACOLA FL 32514

Name

LESLIE B. SMITH

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

3559 SOUTHWIND DRIVE

City

GULF BREEZE

FL

Zip Code 32561

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.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STP  
ROSE, WESLEY R  
7601 N 9TH AVE #111  
PENSACOLA FL 32514 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
LESLIE B SMITH  
3559 SOUTHWIND DRIVE  
GULF BREEZE FL 32561 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
KANDY LASTER  
3559 SOUTHWIND DRIVE  
GULF BREEZE FL 32561 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.01.01 850-934-7869

Date

Daytime Phone #

CR2E034 (10/00)