

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016950

1. Entity Name

GULF COAST CONSULTING ENTERPRISES, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90250 033 ***150.00

Principal Place of Business

309 NESBIT ST
PUNTA GORDA FL 33950
US

Mailing Address

309 NESBIT ST
PUNTA GORDA FL 33950
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0738557

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

JOVANOVIC, DOUGLAS ESQ.
888 S.E. 3RD AVENUE
SUITE 400
FT LAUDERDALE FL 33316

Name Jovanovic, Douglas ESQ

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

17 SE 24 AVE

City Pompano Beach

FL

Zip Code 33062

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 PD
NAME IHLE, HUBERT ☒ Delete
STREET ADDRESS 4811 ALMAR DR
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE PD
NAME Ihle Hubert ☐ Change ☐ Addition
STREET ADDRESS 5001 Almar DR
CITY-ST-ZIP Punta Gorda FL 33950

TITLE D
NAME JOVANOVIC, DOUGLAS ☒ Delete
STREET ADDRESS 888 S.E. 3RD AVENUE
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE D
NAME Jovanovic, Douglas ☐ Change ☐ Addition
STREET ADDRESS 17 SE 24TH AVE
CITY-ST-ZIP Pompano Beach FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)