2000 UNIFORM BUSINESS REPORT (UBR) Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **P97000042165 GULFCOAST CORPORATION** 04-28-2000 90092 014 ***150.00 Mailing Address Principal Place of Business 35246 U.S. 19 NORTH 679 STILL MEADOWS CIRCLE E SUITE 106 PALM HARBOR RL 34684 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3446499 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen FLYNN, NOEL C. P.O. Box Number is N 35246 US 19 N **STE 106** PALM HARBOR FL 34684 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE TITLE ☐ Delete 15 MILLPOND CT # 143 NAME NAME **NOEL FLYNN** STREET ADDRESS STREET ADDRESS 35246 US 19 NORTH, STE 106 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 TITLE ... Delete TITLE NAME FRANCES FLYNN NAME STREET ADDRESS STREET ADDRESS 35246 US 19 NORTH, STE 106 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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, when appears in Block 11 or Block 12 if

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

SMATURE AND TYPED OA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

4/15/2000

727-785-0233

☐ Change

Change

☐ Addition

☐ Addition