

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90081 044 ***150.00

DOCUMENT # P97000042165

1. Entity Name

GULF COAST CORPORATION

Principal Place of Business

**3915 MILLPOND CT
 #143
 PALM HARBOR FL 34684**

Mailing Address

**35246 U.S. 19 NORTH
 SUITE 106
 PALM HARBOR FL 34684**

2. Principal Place of Business

3450 PALENCIA DR.

3. Mailing Address

35246 U.S. 19 N.

Suite, Apt., etc.

1319

Suite, Apt., etc.

PMB 106

City & State

TAMPA, FL

City & State

PALM HARBOR, FL

Zip

33618

Country

U.S.

Zip

34684

Country

U.S.

6. Name and Address of Current Registered Agent

**FLYNN, JAMES
 3915 MILLPOND CT
 #143
 PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

Name **FLYNN, JAMES**
 Street Address (P.O. Box Number is Not Acceptable)
**3450 PALENCIA DR.
 # 1319**
 City **TAMPA** FL Zip Code **33618**

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	NOEL FLYNN	
STREET ADDRESS	3915 MILLPOND CT #143	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRANCES FLYNN	
STREET ADDRESS	3915 MILLPOND CT #143	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOEL FLYNN	
STREET ADDRESS	3450 PALENCIA DR. #1319	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCES FLYNN	
STREET ADDRESS	3450 PALENCIA DR. #1319	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

NOEL FLYNN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 **813-964-8189**
 Date Daytime Phone #

CR2E034 (9/01)