

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058749

1. Entity Name

GULF COAST IMPORTS OF PENSACOLA, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90064 010 \*\*\*150.00

Principal Place of Business

Mailing Address

GULF BREEZE PKWY  
BREEZE FL 32561

5265 GULF BREEZE PARKWAY  
GULF BREEZE FL 32534-1666

2. Principal Place of Business

1348 W. 9mi Rd  
Suite, Apt. #, etc.  
PENSACOLA, FL  
City & State

3. Mailing Address

1348 W. 9mi Rd  
Suite, Apt. #, etc.  
PENSACOLA, FL  
City & State



DO NOT WRITE IN THIS SPACE

Zip  
32534

Country  
ESC

Zip  
32534

Country  
ESC

4. FEI Number 59-3465747

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PITTS, BILLY JOE  
5265 GULF BREEZE PARKWAY  
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name PITTS, Billy Joe

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

1348 W. 9mi Rd

City PENSACOLA,

FL

Zip Code 32534

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 Billy Joe PITTS President  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/2000  
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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	PITTS, BILLY JOE	
STREET ADDRESS	5287 GULF BREEZE PKWY	
CITY-ST-ZIP	GULF BREEZE FL 32561	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, Billy Joe	
STREET ADDRESS	1348 W 9mi Rd.	
CITY-ST-ZIP	PENSACOLA, FL 32534	
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: Billy Joe PITTS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000  
Date

850-475-1323  
Daytime Phone #

CR2E034 (9/99)