

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052951

1. Entity Name

GULF COAST SERVICES OF SOUTHWEST FL, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90051 036 ***150.00

Principal Place of Business 2331-4 BRUNER LANE FT. MYERS FL 33912	Mailing Address 2331-4 BRUNER LANE FT. MYERS FL 33912-1924
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DO NOT WRITE IN THIS SPACE

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	65-0842846	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SKIPPER, ANITA C
 5601 8TH ST. SW, SUITE 2
 LEIGH ACRES FL 33971

7. Name and Address of New Registered Agent

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

 City _____ FL Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 type="checkbox"/> Delete
NAME	PEPPERMAN, NANCY J	
STREET ADDRESS	15970 HUSKY LANE	
CITY-ST-ZIP	FT. MYERS FL 33912	
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 type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Pepperman, Jerry W.		
STREET ADDRESS	15970 Husky Lane		
CITY-ST-ZIP	FT. MYERS, FL 33912		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Hall, Kay F.		
STREET ADDRESS	8116 Soncoast Dr.		
CITY-ST-ZIP	N. Ft. Myers, FL 33917		
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: Nancy J. Pepperman Date: 3-8-00 Daytime Phone #: 941-437-0131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)