

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000052951****1. Entity Name**  
**GULF COAST SERVICES OF SOUTHWEST FL, INC.****FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90044 014 \*\*\*150.00

**Principal Place of Business****Mailing Address**~~2331-4 BRUNER LANE-~~  
~~FT. MYERS FL 33912~~~~2331-4 BRUNER LANE~~  
~~FT. MYERS FL 33912~~**2. Principal Place of Business****3. Mailing Address**1226 Hemingway Dr.  
Suite, Apt. #, etc.1226 Hemingway Dr.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Ft. Myers FL

**City & State**

Ft. Myers FL

**4. FEI Number** 65-0842846**Applied For**

Not Applicable

**Zip** 33912  
**Country****Zip** 33912  
**Country****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**SKIPPER, ANITA C  
5601 8TH ST. SW, SUITE 2  
LEIGH ACRES FL 33971**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**

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** D ☐ Delete  
**NAME** PEPPERMAN, NANCY J  
**STREET ADDRESS** 15970 HUSKY LANE  
**CITY-ST-ZIP** FT. MYERS FL 33912**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** D ☐ Delete  
**NAME** PEPPERMAN, JERRY W  
**STREET ADDRESS** 15970 HUSKY LANE  
**CITY-ST-ZIP** FORT MYERS FL 33912**TITLE** D ☒ Change ☐ Addition  
**NAME** Pepperman, Jerry W.  
**STREET ADDRESS** 17422-7 Birchwood Ln.  
**CITY-ST-ZIP** Ft. Myers, FL 33908**TITLE** D ☐ Delete  
**NAME** HALL, KAY F  
**STREET ADDRESS** 8116 SUNCOAST DR  
**CITY-ST-ZIP** FORT MYERS FL 33917**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**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:**Nancy J. Pepperman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Date**

4-10-01

**Daytime Phone #**

(941) 437-0131

CR2E034 (10/00)