

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

3/1

03-10-2003 90763 012 ***150.00

DOCUMENT # P98000066118

1. Entity Name
GULF COAST INTERNATIONAL PRODUCTS, INC.



Principal Place of Business
**7515 PELICAN BAY BLVD. 16A
NAPLES FL 34108**

Mailing Address
**7515 PELICAN BAY BLVD. 16A
NAPLES FL 34108**

2. Principal Place of Business

5400 JAEGER ROAD
Suite, Apt. #, etc.

3. Mailing Address

5400 JAEGER ROAD
Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number **65-0855234**

Applied For
Not Applicable

Zip **34109** Country **USA**

Zip **34109** Country **USA**

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

6. Name and Address of Current Registered Agent

GITKIN, CYNTHIA
7515 PELICAN BAY BLVD. 16A
NAPLES FL 34108

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cynthia Gitkin* **SECRETARY/TREASURER CYNTHIA GITKIN 3-19-03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GITKIN, ALAN J**
STREET ADDRESS **7515 PELICAN BAY BLVD 16A**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **ST** ☐ Delete
NAME **GITKIN, CYNTHIA**
STREET ADDRESS **7515 PELICAN BAY BLVD 16A**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia Gitkin **CYNTHIA GITKIN**

3/19/03 239-514-1621
Date Daytime Phone

CR2E034 (10/02)