

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/3/

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90020 050 \*\*\*150.00

**DOCUMENT # P98000071652**

1. Entity Name

**GULF ATLANTIC COMMUNICATIONS S.E. INC.**

Principal Place of Business

331 VIA ESPLANADE  
PUNTA GORDA FL 33950

Mailing Address

331 VIA ESPLANADE  
PUNTA GORDA FL 33950-6437

2. Principal Place of Business

201 W. Marion Avenue

Suite, Apt. #, etc.

Suite 308

City & State

Punta Gorda FL

Zip

33950

Country

USA

3. Mailing Address

201 W. Marion Avenue

Suite, Apt. #, etc.

Suite 308

City & State

Punta Gorda FL

Zip

33950

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0857287

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Patti W. Minkina

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

201 W. Marion Avenue

Suite 308

City

Punta Gorda

FL

Zip Code

33950

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

*Patti W. Minkina*

Signature, typed or printed name of registered agent and use 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, 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	MINKINA, PATTI W	
STREET ADDRESS	331 VIA ESPLANADE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINKINA, EDWARD S	
STREET ADDRESS	331 VIA ESPLANADE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Minkina Patti W.	
STREET ADDRESS	201 W. Marion Ave. #308	
CITY-ST-ZIP	Punta Gorda FL 33950	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Minkina, Edward S.	
STREET ADDRESS	201 W. Marion Ave. #308	
CITY-ST-ZIP	Punta Gorda FL 33950	
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		
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:

*Edward Minkina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/2000 (941) 637-7780

Daytime Phone #

CR2E034 (11/19)