

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90242 040 ***150.00

DOCUMENT # P98000095085

1. Entity Name

GULF COAST SPRAY INC.

Principal Place of Business

**2275 BRUNER LANE
 SUITE #2
 FT MYERS FL 33912
 US**

Mailing Address

**2275 BRUNER LANE
 SUITE #2
 FT MYERS FL 33912
 US**

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

65-0875007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MOORE, SARAH K
 8201 HARRISBURG DRIVE
 FT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name

Sarah K. Moore

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

15176 Briarcrest Circle

City

Ft. Myers,

FL

Zip Code

33912

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

Sarah K. Moore SARAH K. MOORE

4/20/02

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, 2002 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** ☐ Delete
 NAME **MOORE, SARAH K**
 STREET ADDRESS **8201 HARRISBURG DRIVE**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **D** ☐ Delete
 NAME **MOORE, JOSEPH F**
 STREET ADDRESS **8201 HARRISBURG DRIVE**
 CITY-ST-ZIP **FT MYERS FL 33912**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Sarah K. Moore**
 STREET ADDRESS **15176 Briarcrest Circle**
 CITY-ST-ZIP **Ft. Myers, FL. 33912**

TITLE ☒ Change ☐ Addition
 NAME **Joseph F. Moore**
 STREET ADDRESS **15176 Briarcrest Circle**
 CITY-ST-ZIP **Ft. Myers, FL. 33912**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Sarah K. Moore SARAH K. MOORE

4/20/02 941-267-3286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)