

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

May 11, 2000 8:00 am
Secretary of State

03-21-2000 90105 012 ***150.00

DOCUMENT # P98000103771

1. Entity Name

GULF COAST MEDIA GROUP, INC.

Principal Place of Business

Mailing Address

3837 NORTHALE BOULE
SUITE 354-G
TAMPA FL 33624

3837 NORTHALE BOULE
SUITE 354-G
TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

2804 Smitter Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State **Tampa FL**

Zip

Country

Zip **33618**

Country **USA**

4. EFT Number

59-3556966

Applied For

Not Applicable

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

*** LUNCH, KIMBERLY**
2804 SMITTER ROAD
TAMPA FL 33618

Name **Karen Lynch**

Street Address (P.O. Box Number is Not Acceptable) **2804 Smitter Road**

City **Tampa** FL **33618**

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 **Karen Lynch** *above was typed incorrectly

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/29/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **LYNCH, KAREN**
STREET ADDRESS **2804 SMITTER ROAD**
CITY-ST-ZIP **TAMPA FL 33618**

☒ Delete

TITLE **President**
NAME **Lisa Hawkins**
STREET ADDRESS **1935 US Hwy 41 N.**
CITY-ST-ZIP **Lutz, FL 33549**

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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: **Karen Lynch** **2/29/00** **(813) 264-7155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)