

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000103771**

1. Entity Name

GULF COAST MEDIA GROUP, INC.

Principal Place of Business

Mailing Address

**3837 NORTHDAL BOULE
SUITE 354-G
TAMPA FL 33624****2804 SMITTER ROAD
TAMPA FL 33618**

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 **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

**LYNCH, KAREN
2804 SMITTER ROAD
TAMPA FL 33618**Name
Norma MeadowsStreet Address (P.O. Box Number is Not Acceptable)
19235 US Hwy 41 N.City **Lutz**

FL

Zip Code
33549

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

4/30/019. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	P			<input checked="" type="checkbox"/>	Director	Norma Meadows	19235 US Hwy 41 N.	Lutz, FL 33549	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	HAWKINS, LISA	19235 US HIGHWAY 41N	LUTZ FL 33549	<input checked="" type="checkbox"/>						
				<input type="checkbox"/>	President	Norma Meadows	19235 US Hwy 41 N.	Lutz, FL 33549	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	Treasurer	Norma Meadows	19235 US Hwy 41 N.	Lutz, FL 33549	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90143 005 ***150.00

C0065505

DO NOT WRITE IN THIS SPACE

0349667

CRE034 (10/00)