

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90500 045 ***150.00

DOCUMENT # P99000002391

1. Entity Name

GULF COAST INSPECTIONS, INC.

Principal Place of Business

**3347 THORNWOOD ROAD
SARASOTA FL 34231-7477**

Mailing Address

**3347 THORNWOOD ROAD
SARASOTA FL 34231-7477**

2. Principal Place of Business

New Address
5616 CEDAR OAK BLVD

3. Mailing Address

5616 CEDAR OAK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL 34233

City & State

SARASOTA, FL

Zip

Country

34233

Zip

Country

34233

4. FEI Number

65-0889842

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

**ELRICK, CHARLES K
3347 THORNWOOD ROAD
SARASOTA FL 34231**

**GULF COAST INSPECTIONS
CHARLES ELRICK
5616 Cedar Oak Blvd
Sarasota, Florida 34233**

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **ELRICK, CHARLES K**
STREET ADDRESS **3347 THORNWOOD ROAD**
CITY-ST-ZIP **SARASOTA FL 34231-7477**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Charles K. Elrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)