

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90012 034 ***150.00

DOCUMENT # P99000006279

1. Entity Name
GULF COAST INTERNATIONAL TRADING, INC.

Principal Place of Business 401 MADISON COURT FORT MYERS FL 33931	Mailing Address 401 MADISON COURT FORT MYERS FL 33931-3644
--	---

2. Principal Place of Business 5752 - 12th Avenue N.W. Suite, Apt. #, etc.	3. Mailing Address 5752 - 12th Avenue N.W. Suite! Apt. #, etc.
---	---

City & State Naples, FL	City & State Naples, FL	4. FEI Number 59-3555682	Applied For <input type="checkbox"/> Not Applicable
Zip 34119	Country U.S.A.	Zip 34119	Country U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**LAWHON, ANTHONY M ESQ.
 2171 PINE RIDGE ROAD
 SUITE D
 NAPLES FL 34109**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	D FUITH, MARIE L 401 MADISON CT. FT. MYERS FL 33931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FUITH, MARIE L 401 MADISON CT FT MYERS BCH FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fuith, Thomas 5752 - 12th Avenue N.W. Naples, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **2-28-00 5148201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)