

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99000014123

1. Entity Name

Gulf Coast Precision Enterprises, Inc.

Principal Place of Business

Mailing Address

11258 6th Avenue

Punta Gorda, FL 33955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

65-0901371

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

30070470

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Mario G. Massa

425 West Grace Street

Punta Gorda, FL 33950

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, 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	<input type="checkbox"/> Delete
NAME	Mario G. Massa	
STREET ADDRESS	425 West Grace Street	
CITY-ST-ZIP	Punta Gorda, FL 33950	<input type="checkbox"/> Delete
TITLE	D	
NAME	Scott L. Wright	
STREET ADDRESS	11258 6th Avenue	
CITY-ST-ZIP	Punta Gorda, FL 33955	<input type="checkbox"/> Delete
TITLE	D	
NAME	Dominic Calitri	
STREET ADDRESS	2293 Ryecroft Street	
CITY-ST-ZIP	North Port, FL 34287	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

Daytime Phone #

CR2E034 (9/99)