

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014123

Entity Name  
GULF COAST PRECISION ENTERPRISES, INC.

Principal Place of Business  
125 WEST GRACE STREET  
PUNTA GORDA FL 33950

Mailing Address  
425 WEST GRACE STREET  
PUNTA GORDA FL 33950

Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
Zip \_\_\_\_\_ Country \_\_\_\_\_

FILED  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90120 041 \*\*\*150.00

B0029460



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0901371**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

MASSA, MARIO G  
425 WEST GRACE STREET  
PUNTA GORDA FL 33950

Name

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

City

**FL** Zip Code

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.

## IGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

## 1. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                       |  |                                 |  |   |
|---------------------------------------|--|---------------------------------|--|---|
| LE<br>ME<br>REET ADDRESS<br>TY-ST-ZIP | D<br>WRIGHT, SCOTT L<br>11258 6TH AVENUE<br>PUNTA GORDA FL 33955   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| LE<br>ME<br>REET ADDRESS<br>TY-ST-ZIP | D<br>MASSA, MARIO G<br>425 W. GRACE STREET<br>PUNTA GORDA FL 33950 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| LE<br>ME<br>REET ADDRESS<br>TY-ST-ZIP | D<br>Mark Stewart<br>2350 9 Harold ave<br>Port Charlotte, FL 33980 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| LE<br>ME<br>REET ADDRESS<br>TY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

IGNATURE: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MASSA, MARIO G*

2/1/02

Date

Daytime Phone #

CR2E034 (9/01)