

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90008 011 ***150.00

DOCUMENT # P99000019955

1. Entity Name

GULF COAST TAX & ACCOUNTING, INC.

Principal Place of Business

Mailing Address

**4344 SANDDOLLAR COURT
 NEW PORT RICHEY FL 34652**

**4344 SANDDOLLAR COURT
 NEW PORT RICHEY FL 34668-6905**

2. Principal Place of Business

7421 BENT OAK DR

3. Mailing Address

7421 BENT OAK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Port Richey FL

City & State
Port Richey FL

4. FEI Number
59-3559682

Applied For
☐ Not Applicable

Zip Country
34668

Zip Country
34668

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

6. Name and Address of Current Registered Agent

**COLLIER, JAMES H SR
 4344 SANDDOLLAR COURT
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name

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

7421 BENT OAK DR

City **Port Richey** **FL** Zip Code **34668**

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

TITLE **P** ☐ Delete
 NAME **COLLIER, JAMES H SR**
 STREET ADDRESS **4344 SANDDOLLAR COURT**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **V** ☐ Delete
 NAME **HANLEY, DANIEL J**
 STREET ADDRESS **5856 SEASIDE DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **President James H. Collier SR**
 STREET ADDRESS **7421 BENT OAK DR**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

James H. Collier SR President

4-15-2000

Date

(727) 815-8787

Daytime Phone #

CR2E034 (9/99)