

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033596

1. Entity Name

GULFCOAST RELOCATION SYSTEMS, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90027 016 ***150.00

Principal Place of Business

5674 ENTERPRISE PKWY
FORT MYERS FL 33905

Mailing Address

5674 ENTERPRISE PKWY
FORT MYERS FL 33905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0908115

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

SOUTHWEST PROFESSIONAL SERVICES OF FR MYER
13611 MCGREGOR BLVD
#3
FORT MYERS FL 33919

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 type 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, 2001 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 PD
NAME GOMZALES, RICHARD
STREET ADDRESS 5145 YORK CT
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE PD
NAME Gonzales, Richard
STREET ADDRESS 4991 Higginbotham Rd.
CITY-ST-ZIP Ft Myers, FL 33905 ☐ Change ☐ Addition

TITLE VP
NAME VERNY, KELLY A
STREET ADDRESS 5145 YORK CT.
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE VP
NAME Vernay Kelly
STREET ADDRESS 4991 Higginbotham Rd.
CITY-ST-ZIP Ft Myers, FL 33905 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)