

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90103 007 ***150.00

DOCUMENT # P99000033596

1. Entity Name
GULFCOAST RELOCATION SYSTEMS, INC.

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

3651 Bateman Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Alwa, FL

4. FEI Number

65-0908115

Applied For

Not Applicable

Zip

Country

Zip

Country

33905 US.

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

**GONZALES, RICHARD W
 5674 ENTERPRISE PKWY
 FORT MYERS FL 33905**

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 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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALES, RICHARD 4991 HIGGINBOTHAM RD FORT MYERS FL 33905	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, VERNAY-Gonzales 4991 HIGGINBOTHAM RD FORT MYERS FL 33905	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

Richard W. Gonzales
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02 239
 941-693-8200**
 Date Daytime Phone #

CR2E034 (9/01)