

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90175 038 ***150.00

DOCUMENT # P99000038791

1. Entity Name
GULF COAST TITLE CLOSINGS & ESCROW SERVICES, INC

Principal Place of Business

490 ALTERNATE 19
PALM HARBOR FL 34683

Mailing Address

490 ALTERNATE 19
PALM HARBOR FL 34683

2. Principal Place of Business

32815 US Hwy 19 North
 Suite, Apt. #, etc.

3. Mailing Address

32815 US Hwy 19 North
 Suite, Apt. #, etc.

City & State

Palm Harbor

Zip
34683

Country

Pinellas

City & State

Palm Harbor

Zip

34683

Country

Pinellas

4. FEI Number

59-3572832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEHLAU, CHERYL L
4942 FELECITY WAY
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

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

TITLE **VP** ☐ Delete
NAME **WEHLAU, JOHN T**
STREET ADDRESS **4942 FELECITY WAY**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **PD** ☐ Delete
NAME **WEHLAU, CHERYL L**
STREET ADDRESS **4942 FELECITY WAY**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **VP** ☒ Delete
NAME **DITRUZZELLO, JENNIFER**
STREET ADDRESS **1487 WATERMILL CIRCLE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **VP** ☐ Delete
NAME **WALSH, CYNTHIA T**
STREET ADDRESS **1526 SAN MATEO DRIVE**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **ST** ☒ Delete
NAME **MARTIN, WILLIAM**
STREET ADDRESS **PO BOX 98**
CITY-ST-ZIP **PALM HARBOR FL 34682-0098**

TITLE **VP** ☐ Delete
NAME **TAYLOR, DAVID B**
STREET ADDRESS **1720 ARABIAN LANE**
CITY-ST-ZIP **PALM HARBOR FL 34685**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME **STAYLOR, ELSIE FAYE**
STREET ADDRESS **4435 SERENITY TRAIL**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

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

TITLE ☐ Change ☒ Addition
NAME **VP MELUCHAMP, DAVID E.**
STREET ADDRESS **4408 SWIFT CIRCLE**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE ☐ Change ☒ Addition
NAME **VP TAYLOR, DAVID B**
STREET ADDRESS **4435 SERENITY TRAIL**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

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 (9/01)