

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90002 032 \*\*\*150.00

DOCUMENT # P99000060457

1. Entity Name  
**GULF COAST SURVEY SUPPLY, INC.**

*P*

Principal Place of Business

3407 SE 10TH AVE.  
 CAPE CORAL FL 33904

Mailing Address

3407 SE 10TH AVE.  
 CAPE CORAL FL 33904

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0934173**

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

**IRWIN, JUDY A**  
**3407 SE 10TH AVE.**  
**CAPE CORAL FL 33904**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
 NAME **PRESIDENT**  
 STREET ADDRESS **JUDY IRWIN**  
 CITY-ST-ZIP **3407 SE 10TH AVE**  
**CAPE CORAL, FL 33904**

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

TITLE ☐ Delete  
 NAME **SECRETARY**  
 STREET ADDRESS **JAY IRWIN**  
 CITY-ST-ZIP **3407 SE 10TH AVE**  
**CAPE CORAL, FL 33904**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*Judy Irwin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **8-28-00** Daytime Phone # **941-849-5900**

CR2E034 (5/00)

To: Matheine Harris  
Secretary of State

8-21-00  
attachment doc # 0083919  
P99000060457

Our Company, Gulf Coast Survey Supply, Inc. did not receive a first notice for our Uniform Business Report & knew nothing about this fee until we received this second notice. I am sending in the original fee ~~is~~ so this can be properly taken care of.

Thank you for your attention in this matter

Judy Irwin

Pres. Gulf Coast Survey Supply, Inc.  
phone 941-849-5900  
fax 941-549-9710