2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900060457						FILED May 01, 2001 08:00 AM				
1. Entity Nam GULF COA	e AST SURVEY SUPPLY, INC.					Secreta	ry of Sta	ite		
Principal Place		Mailing Address 3407 SE 10TH AVE.							-	
CAPE CORAL 33904	FL	CAPE CORAL 33904		FL						
2. Principal P	lace of Business	3. Mailing Address 1317 SE 32ND TERRACE							-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NO	T WRITE IN THIS	SPACE	–	
City & State CAPE CORAL		City & State CAPE CORAL		FL		FEI Number 55-0934173			pplied For ot Applicable]
Zip 33904	Country	Zip 33904	Coun	itry		Certificate of Status De		\$8.75 Ad Fee Require		
.	6. Name and Address of Curre	ent Registered Agent		News	7.	Name and Address of	New Registered	Agent]
IRWIN JUDY A 3407 SE 10TH AVE.					JUDY ddress (P.O. 32ND TERR	Box Number is Not Acce	eptable)	<u></u> .		
CAPE COR. 33904	AL	FL		City		* ***				
				City CAPE CO		<u></u> .	FL.	Zip Coo 33904	le 	
8. The above	named entity submits_this statemen	t for the purpose of changing its	register	ed office or	registered a	gent, or both, in the Stat	e of Florida.			
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registere	d Agent signatu	re required when	reinstating)	- 05/01 DATE	<u>/2001</u>	<u> </u>	
Tax filing re	oration is eligible to satisfy its Intangi equirement and elects to do so. ria on back)	After MAY 1, 20	01 Fee	will be \$5	50.00	10. Election Campa Trust Fund Cont		\$5.0 Adde	00 May Be d to Fees	
11.	OFFICERS AI	ND DIRECTORS	12.		Α	DDITIONS/CHANGES T	O OFFICERS AND	DIRECTOR	IS IN 11	1
TITLE NAME	S IRWIN JAY	☐ Delete	TITLE		S IRWIN	JAY		X Change	☐ Addition	00/
STREET ADDRESS CITY-ST-ZIP	3407 SE 10TH AVE CAPE CORAL	FL 33904	STRE	ET ADDRESS - ST-ZIP		2ND TERRACE	FL	33904		034 (11/00
TITLE	P	☐ Delete ,	TITLE		P		· · · · ·	X Change	Addition	CR2E
NAME STREET ADDRESS	IRWIN JUDY 3407 SE 10TH AVE		MAM	E ET ADDRESS	IRWIN 1317 SF 37	JUDY 2ND TERRACE				
CITY-ST-ZIP	CAPE CORAL	FL 33904		-ST-ZIP	CAPE CO		\mathbf{FL}	33904		
TITLE NAME	· · · ·	☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE NAME STREET ADDRESS		☐ Delete		E ET ADDRESS			-	Change	Addition	
TITLE		Delete	CITY	-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAM STRE					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
of the cor	certify that the information supplied on this report or supplemental report or supplemental report or or trustee er or on an attachment with an addres	nowered to execute this report :	as requi	ilire shali na	ave the same pter 607, Flo	a Jacobi et toette legal a	under oath; that I a y name appears ii	von no officer	or director	

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR