

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90095 017 \*\*\*150.00

**DOCUMENT # P99000086847**

1. Entity Name  
**GULF COAST PETROLEUM, INC.**



Principal Place of Business  
**3614 CLEVELAND AVE.  
FORT MYERS FL 33901**

Mailing Address  
**G/O ROBERT D ROYSTON, JR.  
P.O. DRAWER 00205  
FORT MYERS FL 33906**



2. Principal Place of Business

3. Mailing Address

**12580, ALLENDALE CR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FORT MYERS FL**

Zip

Country

Zip

Country

**33912**

**U.S.A**

4. FEI Number

**65-0951710**

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

**ROYSTON, ROBERT D JR.  
12670 NEW BRITANNY BLVD.  
SUITE 401  
FORT MYERS FL 33907**

Name

**PATWARY, M**

Street Address (P.O. Box Number is Not Acceptable)

**12580 ALLENDALE CR**

City

**FORT MYERS**

**FL**

Zip Code

**33912**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**02/28/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **PATWARY, MOHAMMED M**  
CITY-ST-ZIP **13851 INDIAN POINT LANE  
FORT MYERS FL 33912**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CHOWDHURY, SHOWKAT A**  
CITY-ST-ZIP **2738 HIDDEN LAKES BLVD #B  
SARASOTA FL 34237**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RAHMAN, MOHAMMAD G**  
CITY-ST-ZIP **9521 BOCA COVE CIRCLE APT 506  
BOCA RATON FL 33426**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **AHMAD, MONSUR UDDIN**  
CITY-ST-ZIP **985 MOON LAKE DR  
NAPLES FL 34104**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**02/28/03-239-768-046**