

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91166 003 ***150.00

DOCUMENT # **PP9000109219** ✓
1. Entity Name
Gulf Coast Electric Systems, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
502 Hwy 2297
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 6557
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Panama City, Florida
Zip
32404
Country
USA

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Panama City, Florida
Zip
32404
Country
USA

4. FEI Number
593615435
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Ted m Jordan
Street Address (P.O. Box Number is Not Acceptable)
502 Hwy 2297
City
Panama City **FL** Zip Code
32404

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	President Ted m Jordan 502 Hwy 2297 Panama City FL 32404	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Sandra A Jordan 502 Hwy 2297 Panama City FL 32404	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ted Jordan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-02 **850-871-1973**
Date Daytime Phone: #