## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000110246 Jul 12, 2000 8:00 am 1. Entity Name GULF COAST SURGICAL, INC. **Secretary of State** 07-12-2000 90011 014 \*\*\*150.00 Mailing Address Principal Place of Business 4263 45TH STREET SOUTH 4263 45TH STREET SOUTH ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3615354 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLAKEY, J. DAVID Street Address (P.O. Box Number is Not Acceptable) 4263 45TH STREET SOUTH ST. PETERSBURG FL 33711 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State $\square$ (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME BLAKEY, J. DAVID STREET ADDRESS 4263 45TH STREET SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33711 ☐ Change □ Addition TITLE ☐ Delete TITLE BLAKEY, KERRY STREET ADDRESS STREET ADDRESS 4263 45TH STREET SOUTH CITY-ST-ZIP -CITY-ST-ZIP ST. PETERSBURG FL 33711 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a address, with all other like empowered.

EDAVID

SIGNATURE:

## P99000110244





## GULF COAST SURGICAL, INC.

Uniform Business Report, Division of Corporations, P.O. Box 1500 Tallahassee, FL 32302-1500

July 7, 2000

To Whom It May Concern:

Enclosed is my check for \$150.00 together with the completed form. I apologise for the delay in returning this however I did not receive the original notice. My company was incorporated on December 20<sup>th</sup> 1999 as Silver Creek Surgical but then had to change the name to Gulf Coast Surgical and that did not take effect until January 14<sup>th</sup> 2000. We actually began business after that date that may be why I did not receive the original notice.

I thank you in advance for your understanding.

Sincerely,

David Blakey.

President – Gulf Coast Surgical.