

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90078 006 ***150.00

DOCUMENT # F97000000618

1. Entity Name
GULF SAND & GRAVEL, INC.



Principal Place of Business
P.O. BOX 4810
GULF SHORES AL 36547

Mailing Address
P.O. BOX 4810
GULF SHORES AL 36547



CHECK HERE IF MAKING CHANGES

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 63-1100736 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | FL | |

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

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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|------------------------|--|--|---|------------------------|---------------------------------|--|
| TITLE | PCD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | NEMER, EDWARD L | | | NAME | | | |
| STREET ADDRESS | 224-E PROFESSIONAL CT. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | GULF SHORES AL 36542 | | | CITY-ST-ZIP | | | |
| TITLE | VCD | <input checked="" type="checkbox"/> Delete | | TITLE | VCD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | SLYMAN, DAVID L | | | NAME | Nemer, Gregory E. | | |
| STREET ADDRESS | 302 1/2 MARTIN DR | | | STREET ADDRESS | 224-E Professional Ct. | | |
| CITY-ST-ZIP | MUSCLE SHOALS AL 35661 | | | CITY-ST-ZIP | Gulf Shores, AL 36542 | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | | TITLE | T | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | BURROWS, LAWSON | | | NAME | Nemer, Edward L. | | |
| STREET ADDRESS | 2019 FORD ROAD | | | STREET ADDRESS | 224-E Professional Ct. | | |
| CITY-ST-ZIP | SHEFFIELD AL | | | CITY-ST-ZIP | Gulf Shores, AL 36542 | | |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WARD, SHERIAN | | | NAME | | | |
| STREET ADDRESS | 437 WEST 22ND AVENUE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | GULF SHORES AL 36542 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: *Edward L. Nemer* **SIGNATURE REQUIRED** Edward L. Nemer, President 2/10/03
Signature and typed or printed name of signing officer or director Date Daytime (11:59 AM)

CR2E034 (10/02)