

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-03-2002 90167 048 ***550.00

DOCUMENT # L50272

1. Entity Name
G.C. CONSTRUCTION, INC.

Principal Place of Business
4219 11TH ST SW
LEHIGH ACRES FL 33971-2714
US

Mailing Address
4219 11TH ST SW
LEHIGH ACRES FL 33971-2714
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
35 Blair St
 Suite, Apt. #, etc.

3. Mailing Address
35 Blair St.
 Suite, Apt. #, etc.

City & State
D. Ft. Myers, FL
 Zip
33903
 Country
USA

City & State
D. Ft Myers FL
 Zip
33903
 Country
USA

4. FEI Number **65-0170868**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WEBSTER, GRAHAM C
4219 11TH ST SW
LEHIGH ACRES FL 33971-2714

7. Name and Address of New Registered Agent

Name **Graham W. Webster, Jr**
 Street Address (P.O. Box Number is Not Acceptable)
35 Blair St
 City **D Ft Myers** **FL** Zip Code **33903**

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)

8-22-02
 DATE

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

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	DP	<input checked="" type="checkbox"/> Delete
NAME	WEBSTER, GRAHAM C.	
STREET ADDRESS	4219 11TH ST SW	
CITY-ST-ZIP	LEHIGH ACRES FL 33971-2714	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	JOYNER, CLIFFORD C.	
STREET ADDRESS	3950 LORA ST, #208	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WEBSTER, LINDA L.	
STREET ADDRESS	4219 11TH ST SW	
CITY-ST-ZIP	LEHIGH ACRES FL 33971-2714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Graham C. Webster, Jr.	
STREET ADDRESS	35 Blair St.	
CITY-ST-ZIP	D. Ft Myers, FL 33903	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beth A. Webster	
STREET ADDRESS	35 Blair St.	
CITY-ST-ZIP	D. Ft Myers, FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)