## FILED May 20, 2002 8:00 am & Secretary of State 05-20-2002 90097 050 \*\*\*150.00

## **2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 1. Entity Name

P00000063916

GULF ATLANTIC ELECTRICAL CONSTRUCTORS, INC.

Principal Place of Business

Mailing Address

416 S. HWY. 393, BLDG, 3, UNIT 2

416 S. HWY. 393. BLDG. 3, UNIT 2

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2. Principal Place of Business		3. Mailing Address			-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	9	City & State			4. FEI Number Applied For Not Applied For Not Applied For					]
Zip Country		Zip	Country	iry 5.		Certificate of Status Desired   \$		Not Applicable 68.75 Additional ee Required		
	6. Name and Address of Current I	 Registered Agent	gistered Agent		7.	Name and Address of New Registe			J	┨
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RENY, MI	CHAEL R		Street Address		PO 5	Box Number is Not Acceptable)				-
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	OSA BEACH FL 32459									
<b>6</b> , <b>1</b> , 1, 1, 1, 1				City			FL	Zip Code	•	1
8. The above	named entity submits this statement for	the purpose of changing its	reaistered	office or register	red ac	gent, or both, in the State of Florida.		<del></del>		1
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SIGNATURE _						- ≠	1			
37G111111011E	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered A	Agent signature required	when r	reinstating) D	ATE			
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			te	10. Election Campaign Financing Trust Fund Contribution.	· 🗆		D May Be to Fees	
11.	OFFICERS AND [	DIRECTORS	12.		AC	DDITIONS/CHANGES TO OFFICERS	AND DIF	RECTORS	IN 11	1
TITLE	D	☐ Delete	TITLE					Change	Addition	3
NAME	RENY, MICHAEL R		NAME							Ş
STREET ADDRESS	2900 BAY GROVE RD.		STREET ADDRESS							5
CITY-ST-ZIP	FREEPORT FL 32439		CITY-S	T-ZIP						7 5
TTLE	D	☐ Delete	TITLE	ľ				Change	☐ Addition	2
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DITY-ST-ZIP	2900 BAY GROVE RD.		CITY-S	ADDRESS T-7IP						
TITLE	FREEPORT FL 32439	Delete	-					Change	_	ł
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TREET ADDRESS				ADDRESS						{
CITY-ST-ZIP	·		CITY-ST	T-ZIP						4
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ITLE	1	☐ Delete	TITLE			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
IAME		□ Delete	NAME	1				Shange		ĺ
TREET ADDRESS		•	STREET	ADDRESS						
ITY-ST-ZIP			CITY-ST	r-zip						İ
3. I hereby c indicated of the corr changed,	ertify that the information supplied with the on this report or supplemental report is contained on the receiver or trustee emptor on an attachment with a address with the contained on the cont	this filing does not qualify for the and accurate and that m wered to execute this sport a ith all other like empoweled.	the exemp y signatur as required	otion stated in Sec e shall have the s d by Chapter 607,	ction ame I , Flori	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; thida Statutes; and that my name appe	r certify tl at I am a ars in Blo	nat the inf n officer o ock 11 or	formation or director Block 12 if	

SIGNATURE:

FFICED OR DIRECTOR

Daytime Phone #