2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000064796

FILED Feb 14, 2002 8:00 AM Secretary of State

Entity Name: GULICK AND MCDANIEL CONSTRUCTION, INCORPORATED

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4155 DOW		0			
METROOP	RNE, FL 32934	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4155 DOW UNIT Z MELBOUR	/ RD RNE, FL 32934	US			
FEI Number:	: 59-3459893	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
The above in the State	/ RD RNE, FL 32934 named entity se of Florida.	ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF		- Oinnetone of Denistand Ana		Dete	
	Electroni	c Signature of Registered Age	nt	Date	
•	-	satisfy its Intangible Tax filing requ Trust Fund Contribution ().	irement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () GULICK, DOUGI 1062 HOLLAND MELBOURNE, F	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MCDANIEL, ROY 1399 HELLIWEL PALM BAY, FL	L ST NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () GOFF, BELINDA 1062 HOLLAND MELBOURNE, F	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () GOFF, BELINDA 1062 HOLLAND MELBOURNE, F	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELINDA GOFF T 02/14/2002