2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90765 009 ***150.00

DOCUMENT # 292577

1. Entity Name
GULF SHELTER INDUSTRIES, INC.

Principal Place of Business	Mailing Address
457 CAPITAL CIR. NW TALLAHASSEE, FL 32303 US	457 CAPITAL CIR. NW TALLAHASSEE, FL 32303 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1208 HAYS Street	7120 John Wayne ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee Fl 32301	City & State: Tallahassee Fl 32305
Zip: 32301 Country:	Zip: 32305 Country:

4. FEI Number: **59-1148375** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAINES, MARK P 3223 MAXWELL ST TALLAHASSEE, FL 32311	Name: Mark P. Raines Street Address (P.O. Box Number is Not Acceptable): 7120 John wayne Ct. City: Tallahassee FL Zip Code: 32305

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: Mark P. Raines [signature] 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P RAINES, MARK P ~~3223 MAXWELL ST~~ 7120 John wayne ct TALLAHASSEE, FL ~~32311~~ 32305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] Presid 4/14/03 8504255056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #