

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 833955**

1. Entity Name

GULF COAST BUILDING AND SUPPLY COMPANY OF THE SO**FILED**
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90167 045 ***150.00

Principal Place of Business COLONIAL BANKCENTRE 41 NORTH BELTLINE HIGHWAY MOBILE AL. 36608-1201 US	Mailing Address P O BOX 160306 MOBILE AL. 36616-1306
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 63-0676341	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CAMPUS, JOSEPH J III
3298 SUMMIT BLVD #18
PENSACOLA FL 32505****7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable**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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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	V	<input type="checkbox"/> Delete
NAME	CAMPUS III, JOSEPH J	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	
CITY-ST-ZIP	MOBILE AL. 36608	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SAINT, JOHN B.	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	
CITY-ST-ZIP	MOBILE AL. 36608	
TITLE	S	<input type="checkbox"/> Delete
NAME	WESCH, PAUL C	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	
CITY-ST-ZIP	MOBILE AL. 36608	
TITLE	T	<input type="checkbox"/> Delete
NAME	ISHEE, WILLIAM H	
STREET ADDRESS	41 NORTH BELTLINE HWY	
CITY-ST-ZIP	MOBILE AL. 36608	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLY DONALD P JR	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	
CITY-ST-ZIP	MOBILE AL. 36608	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEFAN, CHESTER J	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	
CITY-ST-ZIP	MOBILE AL. 36608	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: Stefan J. Stefan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

(334) 380-2929

Daytime Phone #

CR2E034 (9/99)