2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2003 8:00 am **Secretary of State** H13063 DOCUMENT # 01-27-2003 90149 040 ***150.00 1. Entity Name GULLICK CONSTRUCTION, INC. Principal Place of Business Mailing Address 546 S. PELICAN DR. 546 S. PELICAN DR. SARASOTA FL 34237 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 59-2442731 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GULLICK, CHARLES F. Street Address (P.O. Box Number is Not Acceptable) 146 AVENIDA VENECCIA SARASOTA FL 34242 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) ☐ Addition TITLE **PVST** ☐ Delete TITLE GULLICK, CHARLES F NAME NAME STREET ADDRESS 146 AVENIDA VENECCIA STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -_

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 suppliemental 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 advired 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Delete

Change

☐ Change

☐ Change

Addition

☐ Addition

☐ Addition