

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J54347

1. Entity Name

GULF-EASTERN CONSTRUCTION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90168 016 ***150.00

Principal Place of Business

Mailing Address

300 ENTERPRISE STREET
ORLANDO FL 34761

301 C ENTERPRISE STREET
ORLANDO FL 34761-3001
US

2. Principal Place of Business

1541 NATCHEZ TRACE BLVD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 783384

Suite, Apt. #, etc.

City & State

ORLANDO FLA

Zip

Country

32818

City & State

WINTER GARDEN, FL

Zip

Country

34778-3384

4. FEI Number

59-2756680

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

GODIN, ROBERT
1541 NATCHEZ TRACE BLVD.
ORLANDO FL 32818

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

[Signature]

ROBERT D GODIN PRES

2-21-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	GODIN, ROBERT	
STREET ADDRESS	1541 NATCHEZ TRACE BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GODIN, JAYE L.	
STREET ADDRESS	1541 NATCHEZ TRACE BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-00

407-290-2723

CR2E034 (9/99)