


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90176 020 ***158.75

DOCUMENT # J69063	
1. Entity Name GAUTHIER CONSTRUCTION COMPANY, INC.	

Principal Place of Business 1421 C GRINNELL ST. C/O GLENN GAUTHIER, P.O. BOX 976 KEY WEST FL 33040 US	Mailing Address 1421 C GRINNELL STREET C/O GLENN GAUTHIER, P.O. BOX 976 KEY WEST FL 33040 US
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2. Principal Place of Business 5236 SUNCREST RD.	3. Mailing Address 5236 SUNCREST RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State KEY WEST, FL.	City & State KEY WEST, FL.
Zip 33040	Country USA



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent GAUTHIER, GLENN H 1421 C GRINNELL ST. KEY WEST FL 33040	
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4. FEI Number 59-2786746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name GAUTHIER, GLENN H.	
Street Address (P.O. Box Number is Not Acceptable) 5236 SUNCREST RD.	
City KEY WEST, FL	Zip Code 33040

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 Glenn H. Gauthier GLENN H. GAUTHIER PTS 2/19/03
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GAUTHIER, GLENN 1421 C GRINNELL STREET KEY WEST FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GAUTHIER, GLENN 5236 SUNCREST RD. KEY WEST, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FITCH, ROBERT 1207 GEORGIA STREET KEY WEST FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAY, DONALD 1217 PEARL ST KEY WEST FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Glenn H. Gauthier GLENN H. GAUTHIER 2/19/03 305-281-9256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)