

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90163 036 \*\*\*150.00

**DOCUMENT # K85747**

1. Entity Name  
**GULF COAST CONCRETE, INC.**

Principal Place of Business

**C/O STANLEY P. WALICKI  
 7140 LENOX DRIVE  
 NEW PORT RICHEY FL 34653  
 US**

Mailing Address

**C/O STANLEY P. WALICKI  
 7140 LENOX DRIVE  
 NEW PORT RICHEY FL 34653**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9925 Shamokin Ln.**

3. Mailing Address

**9925 Shamokin Ln.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Port Richey Fl.**

City & State

**Port Richey Fl.**

4. FEI Number

**59-2943943**

Applied For

Not Applicable

Zip

**34668**

Country

**USA**

Zip

**34668**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALICKI, STANLEY P.  
 7140 LENOX DRIVE  
 NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name

**Walicki Stanley P.**

Street Address (P.O. Box Number is Not Acceptable)

**9925 Shamokin Ln.**

City

**Port Richey**

FL

Zip Code

**34668**

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, 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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALICKI, STANLEY PAUL</b>	
STREET ADDRESS	<b>7140 LENOX DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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:

**STANLEY P. WALICKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-20-02 (727) 364-4607**

Date

Daytime Phone #

CR2E034 (9/01)