

**2002 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90022 016 ****50.00

DOCUMENT # L01000020498

1. Entity Name

**GULFCOAST PROPERTY MAINTENANCE AND
EMERGY FLOOD EXTRACTIONS, LLC**

DO NOT WRITE IN THIS SPACE

951625

2. Principal Place of Business

8612 ORETO DR

3. Mailing Address

10838 CANDY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT RICHEY

City & State
NEW PORT RICHEY

4. FEI Number
59-3756444

Applied For
Not Applicable

Zip
34668

Country
USA

Zip
34654

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
FRANK W WEBSTER, EA

Street Address (P.O. Box Number is Not Acceptable)
1608 GULF BEACH BLVD

City **TARPON SPRINGS**

FL

Zip Code
34689

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	TITLE	NAME
MANAGER	GLEN E. HAYES		
STREET ADDRESS	10838 CANDY LANE	STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34654	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GLEN E. HAYES, MANAGING MEMBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Glenn E Hayes 4/25/02

Date

727-848-0323

Daytime Phone #

CR2E083B (12/01)