

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90756 028 *****50.00

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DOCUMENT # L02000011759

1. Entity Name

GULF COAST BUILDERS, LLC



Principal Place of Business

501 70TH ST.
HOLMES BEACH FL 34217

Mailing Address

PO BOX 1594
HOLMES BEACH FL 34218

2. Principal Place of Business

4808 Coral Blvd.

3. Mailing Address

P.O. Box 1594

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bradenton, FL

City & State
Holmes, Beach, FL

4. FEI Number
38-3650369

Applied For
Not Applicable

Zip
34210

Country
Manatee

Zip
34218

Country
Manatee

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

6. Name and Address of Current Registered Agent

MONTI, NATALIE
501 70TH ST.
HOLMES BEACH FL 34217

7. Name and Address of New Registered Agent

Name

Natalie Monti

Street Address (P.O. Box Number is Not Acceptable)
4808 Coral Blvd

City
Bradenton

FL

Zip Code
34210

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.

Natalie Monti

04/19/03

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGMR, MGR
Raymond Monti
4808 Coral Blvd.
Bradenton, FL 32410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGMR
Chris Powell
4008 Plumosa Dr.
Bradenton, FL 34210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 **SIGNATURE REQUIRED**

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

4-15-2003

232-3838

Date

Daytime Phone #

CR2E083 (10/02)