

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90051 008 ***158.75

DOCUMENT # L07938

1. Entity Name

GULF COAST BRASS & LIGHTING, INC.

Principal Place of Business

HARTER, SECREST & EMERY
 800 LAUREL OAK DR SUITE 400
 NAPLES FL 33963

Mailing Address

HARTER, SECREST & EMERY
 800 LAUREL OAK DR SUITE 400
 NAPLES FL 34108-2713

LUU41043

2. Principal Place of Business

HARTER SECREST + EMERY LLP
 Suite, Apt. #, etc.
5551 RIDGEWOOD DRIVE #405

3. Mailing Address

HARTER SECREST + EMERY LLP
 Suite, Apt. #, etc.
5551 RIDGEWOOD DRIVE #405

DO NOT WRITE IN THIS SPACE

City & State

NAPLES FL.

City & State

NAPLES FL.

4. FEI Number

65-0137902

Applied For

Not Applicable

Zip

34108

Country

USA

Zip

34108

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCAVOY, BRIAN V
C/O HARTE, SECREST & EMERY
800 LAUREL OAK DRIVE SUITE 400
NAPLES FL 34108

7. Name and Address of New Registered Agent

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, 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

TITLE **D** Delete
 NAME **STEVENSON, WILLIAM T.**
 STREET ADDRESS **568 INDUSTRIAL BLVD.**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **V** Delete
 NAME **STEVENSON, ISABELLA E**
 STREET ADDRESS **568 INDUSTRIAL BLVD**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

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 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:

W. Stevenson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00 941-643-0676

Date

Daytime Phone #

CR2000 (9/99)