

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032804 SP

**DOCUMENT # L98000001624**

1. Entity Name  
**GULF COAST COUNTERTOPS, L.C.**

FILED

01 MAY -2 PM 6:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
2265 U.S. HGHWAY 19      2265 U.S. HGHWAY 19  
HOLIDAY FL 34691      HOLIDAY FL 34691



**MJH**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-3528004**      Not Applicable

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

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDANIEL, JIMMY**  
2265 U.S. HGHWAY 19  
HOLIDAY FL 34691

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE       Delete  
NAME      **MGRM BRAXTON, NEAL W**  
STREET ADDRESS      **4087 BELL LANE**  
CITY-ST-ZIP      **PACE FL 32571**

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME      **MGRM SMITH, GLAVON F**  
STREET ADDRESS      **3051 N.E. 183RD STREET**  
CITY-ST-ZIP      **MIAMI FL 31061**

TITLE       Change       Addition  
NAME      **300004288109--5**  
STREET ADDRESS      **-05/22/01--01116--011**  
CITY-ST-ZIP      **\*\*\*\*\*58.00      \*\*\*\*\*50.00**

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
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CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 *[Handwritten Signature]*

Date **4/30/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (11/00)