

# 2000 UNIFORM BUSINESS REPORT (UBR)

0012220 AF

DOCUMENT # L99000006048

1. Entity Name  
GULF ATLANTIC CONTRACTORS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 PM 1:18

Principal Place of Business  
702 NW ANCHORS STREET  
FORT WALTON BEACH FL 32548

Mailing Address  
702 NW ANCHORS STREET  
FORT WALTON BEACH FL 32548-3867



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERICAN INVESTMENTS OF NORTHWEST FL, INC.  
702 NW ANCHORS STREET  
FORT WALTON BEACH FL 32548

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

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM  
STREET ADDRESS AMERICAN INVESTMENTS OF NORTHWEST FL, INC.  
CITY-ST-ZIP 702 NW ANCHORS STREET  
FORT WALTON BEACH FL 32548

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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-03/14/00--01115--004  
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TITLE NAME  
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/25/00

Date

Daytime Phone #

CF2E083 19/99