

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004133 AF

DOCUMENT # L99000006048

1. Entity Name

GULF ATLANTIC CONTRACTORS, LLC

Principal Place of Business

702 NW ANCHORS STREET  
FORT WALTON BEACH FL 32548

Mailing Address

702 NW ANCHORS STREET  
FORT WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3604793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

9. MANAGING MEMBERS/MEMBERS

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

TITLE MGR ☒ Delete  
NAME GONZALES, JOEY F  
STREET ADDRESS 325 ECHO STREET  
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition  
NAME FRANCISCO NAVARRO  
STREET ADDRESS 702 NW ANCHORS STREET  
CITY-ST-ZIP Fort Walton Beach, FL 32548

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9000003782609--7  
-02/27/01--01078--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

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

Brian James, MGRM  
American Investment of NWF

Date

Daytime Phone #

1-5-2001

850-654-9600

Date

Daytime Phone #

CR2E083 (11/00)

FILED

01 FEB 22 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE