

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M83997**

1. Entity Name

GULFCOAST CONTRACTORS, INC.**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90314 001 ***750.00

Principal Place of Business

1079 CEPHAS DRIVE
CLEARWATER FL 33765
US

Mailing Address

1079 CHEPAS DRIVE
CLEARWATER FL 33765
US

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 **59-2907913**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTLE, THOMAS C. P.A.
2123 N. E. COACHMAN ROAD
SUITE A
CLEARWATER FL 34625

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SCARFIA, MICHAEL
STREET ADDRESS 1280 COURT ST.
CITY-ST-ZIP CLEARWATER FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TS ☐ Delete
NAME SCARFIA, MICHELLE
STREET ADDRESS 1280 COURT STREET
CITY-ST-ZIP CLEARWATER FLTITLE Treasurer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Secretary ☐ Change ☒ Addition
NAME Berry, Jennifer M.
STREET ADDRESS 1079 Cephas Drive
CITY-ST-ZIP Clearwater, FL 33765TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Vice President ☐ Change ☒ Addition
NAME Scarfia Jr., Michael J.
STREET ADDRESS 1079 Cephas Drive
CITY-ST-ZIP Clearwater, FL 33765TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

727/447-2155

Daytime Phone #

CR2E034 (10/00)