

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011764

1. Entity Name

GULFSHORE MAINTENANCE, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90139 040 ***150.00

Principal Place of Business

11639 TIMBERLINE CIRCLE
FORT MYERS FL 33912

Mailing Address

11639 TIMBERLINE CIRCLE
FORT MYERS FL 33912

911061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

325 Danley Drive

3. Mailing Address

325 Danley Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Myers FL

City & State

FT Myers FL

4. FEI Number

65-0975217

Applied For

Not Applicable

Zip

33907

Country

USA

Zip

33907

Country

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

WALKER, ROBERT
11639 TIMBERLINE CIRCLE
FORT MYERS FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)

325 Danley Drive

City

Fort Myers

FL

Zip Code

33907

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 WALKER, ROBERT P WALKER 1.27.01

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 State

10. 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	D	<input type="checkbox"/> Delete
NAME	WALKER, ROBERT	
STREET ADDRESS	11639 TIMBERLINE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	325 Danley Drive	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

WALKER, ROBERT P WALKER

X 1.27.01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)