

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90150 013 ***150.00

0615/10
AV

DOCUMENT # P00000032233
1. Entity Name
GULFCOAST INDUSTRIES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**1228A VISCAYA PARKWAY
CAPE CORAL FL 33904**

Mailing Address
~~1318 LAFAYETTE ST~~
~~CAPE CORAL FL 33904~~



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
1228-A Viscaya Parkway
Cape Coral, FL

3. Mailing Address
Suite, Apt. #, etc.
City & State
1228-A Viscaya Parkway
Cape Coral, FL

CHECK HERE IF MAKING CHANGES

City & State

City & State
Cape Coral, FL

4. FEI Number **65-0996771**

Applied For
Not Applicable

Zip Country

Zip Country
33990 U.S.A.

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

6. Name and Address of Current Registered Agent

~~HILL, THOMAS W~~
~~1318 LAFAYETTE ST~~
~~CAPE CORAL FL 33904~~

7. Name and Address of New Registered Agent

Name
John Wright, President
Street Address (P.O. Box Number is Not Acceptable)
1228-A Viscaya Parkway

City Zip Code
Cape Coral FL 33990

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John Wright, President**

John Wright - President

3/17/03
3/17/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, JOHN 1228A VISCAYA PARKWAY CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Treasurer Paul H. Lindstrom 1228-A Viscaya Parkway Cape Coral, FL 33990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John Wright, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03
3/17/03
239-573-7277
Date Daytime Phone #

CR2E034 (10/02)