

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90065 023 ***150.00

DOCUMENT # P00000040936
1. Entity Name
GULF COAST CONSTRUCTION & CONSULTING, INC.

Principal Place of Business **Mailing Address**
204 57TH STREET **46 NORTH WASHINGTON BLVD., #1**
HOLMES BEACH FL 34217 **SARASOTA FL 34236**

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State** **4. FEI Number** **65-1032249** **Applied For**
Zip **Country** **Zip** **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**
WEINER, NEVIN A **Name**
46 NORTH WASHINGTON BLVD., #1 **PATTERSON, JOHN**
SARASOTA FL 34236 **Street Address (P.O. Box Number is Not Acceptable)**
SARASOTA **46 N. WASHINGTON BLVD.**
SUITE 1
SARASOTA **FL** **Zip Code** **34236**

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]* **3/29/02**
 (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIONE, TONY		NAME		
STREET ADDRESS	204 57TH STREET		STREET ADDRESS	4213 1ST AVE N.E	
CITY-ST-ZIP	HOLMES BEACH FL 34217		CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CSAPO, JOHN C		NAME		
STREET ADDRESS	204 57TH STREET		STREET ADDRESS	4213 1st Ave NE	
CITY-ST-ZIP	HOLMES BEACH FL 34217		CITY-ST-ZIP	Bradenton FL 34208	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIONE, LISA		NAME		
STREET ADDRESS	204 57TH STREET		STREET ADDRESS	4213 1st Ave NE	
CITY-ST-ZIP	HOLMES BEACH FL 34217		CITY-ST-ZIP	Bradenton FL 34208	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **(941) 779-9093**
4-24-02 374-2153
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)