

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State
 02-07-2001 90176 009 ***150.00

DOCUMENT # P00000043557

1. Entity Name

GULF COAST FLOORING CO.

Principal Place of Business

**7526 MCELVEY ROAD
 PANAMA CITY BEACH FL 32408**

Mailing Address

**P O BOX 18767
 PANAMA CITY BEACH FL 32417**

917742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7526 McElvey Rd.

3. Mailing Address

P O Box 18767

Suite, Apt. #, etc.

Unit B

Suite, Apt. #, etc.

City & State

Panama City Bch., FL.

City & State

Panama City Bch., FL.

Zip

Country

32408 U.S.A.

Zip

Country

32417 U.S.A.

4. FEI Number

59-3641450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MERCER, SCOTT M
 128 SEACLUSION DRIVE
 PANAMA CITY BEACH FL 32413**

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

Scott M. Mercer President

1/18/00

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **SCOTT M. Mercer**
 CITY-ST-ZIP **128 Seaclusion Drive Panama City Bch. FL. 32413**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Scott M. Mercer - Pres. SCOTT M. Mercer 1/18/01 850-233-6150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)