

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90076 041 ***150.00

DOCUMENT # P00000054678

1. Entity Name
G F FORM & POUR TIEBEAMS, INC.



Principal Place of Business
**2883 E. RAINBOW CIR.
SARASOTA FL 34231**

Mailing Address
**2883 E. RAINBOW CIR.
SARASOTA FL 34231**

2. Principal Place of Business

607 Hancock Ave

Suite, Apt. #, etc.

3. Mailing Address

607 Hancock Ave

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number **65-1013558**

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

34232

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BULLINGTON, WALTER G JR.
628 STONE DR.
BRANDON FL 33510-3503**

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

SIGNATURE

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

TITLE **DP** ☐ Delete
NAME **FLAGG, GREG A**
STREET ADDRESS **2883 E. RAINBOW CIR.**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **DST** ☐ Delete
NAME **FLAGG, CRISTY L**
STREET ADDRESS **2883 E. RAINBOW CIR.**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Change ☐ Addition
NAME **FLAGG GREG A**
STREET ADDRESS **607 HANCOCK AVE**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **DST** ☐ Change ☐ Addition
NAME **FLAGG CRISTY L**
STREET ADDRESS **607 HANCOCK AVE**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-03 941-371-0187

CR2E034 (10/02)