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

## P01000041634 DOCUMENT #

1. Entity Name



03-12-2003 90071 021 \*\*\*150.00 GULFSTREAM CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 14135 COLLIER BLVD 14135 COLLIER BLVD NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3708356 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEEL, KELLY C Street Address (P.O. Box Number is Not Acceptable) 14135 COLLIER BLVD NAPLES FL 34119 City 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. 4 14 54 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE Change Addition PEEL, MICHAEL J NAME NAME 14880 INDIGO LAKES CIR STREET ADDRESS STREET ADDRESS NAPLES FL 34119 CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PEEL, STEPHEN L NAME NAME 9099 THE LANE STREET ADDRESS STREET ADDRESS NAPLES FL 34119 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition BACON, BONNER G NAME NAME STREET ADDRESS 1491 25TH COURT SW STREET ADDRESS NAPLES FL 34117 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 propulate by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Date

**FILED** 

Mar 12, 2003 8:00 am Secretary of State

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition