## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) P01000074750 NC. DOCUMENT #

1. Entity Name **GULFCOAST-WEATHERPROOFING: INC** PREMIER STONE GALLERY, INC.

Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90227 012 \*\*\*150.00

**FILED** 

Principal Place of Business 1422 HARBOR HILLS DR

Mailing Address 1422 HARBOR HILLS DR

LARGO FL 33770		LARGO FL 33770									
	Place of Business ULLYERTON ROAD	3. Mail	ing Address		•						
Suite, Apt.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State LARGO FLORIDA			City & State			4. FEI Number 59-3737610		)	Appliec For Not Applicable		
Zip 337	Country	Zip	Zip		Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registere	d Agent			7. N	Name and Address of New	Registered	Agent		
The state of the s					Name						
SHAW, WILLIAM B JR 18395 GULF BLVD #203					Street Address (P.O. Box Number is Not Acceptable)						
INDIAN SHORES FL 33785						•					
					City			F			
	named entity submits this statement factors of registered agent.	or the purpo	ose of changing its	registere	ed office or regis	stered age	ent, or both, in the State of F	florida. Lan	n familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if appl	licable. (NOTE	: Registered	d Agent signature requ	uired when re	instating)	DATE		<del></del>	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State					9. Election Campaign F Trust Fund Contribut	-		May Be	
10.	OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OF	FICERS AN	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADORESS CITY-ST-ZIP	DPC NEW, DAVID 1422 HARBOR HILLS DR LARGO FL 33770		☐ Delete		1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE	:				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	الا المسيد الله التي ا	÷	~ - Delete	NAMI STRE	· I			الرشف سيسس	Change_	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition -	
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete	•					☐ Change	☐ 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 life empowered.

**SIGNATURE:** 

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