

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90094 044 ***158.75

0050873 AV

DOCUMENT # P01000080446

Entity Name

GULF COAST BUILDERS & DEVELOPMENT, INC.

Principal Place of Business

**14 SSALOM WAY
SANTA ROSA BEACH FL 32549**

Mailing Address

**POST OFFICE BOX 1584
SANTA ROSA BEACH FL 32459**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

9735 EMERALD COAST PKWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN, FLORIDA

City & State

4. FEI Number

59-3744445

Applied For

Not Applicable

Zip

32550

Country

WALTON

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFIN, MARK
614 SSALOM WAY
SANTA ROSA BEACH FL 32549**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

1. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. 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
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, MARK	
STREET ADDRESS	614 SSALOM WAY	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32549	

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, MICHAEL	
STREET ADDRESS	60 GULFVIEW DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32417	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**PRESIDENT/DIRECTOR****2/3/01**

Date

(850) 830-1500

Daytime Phone #

CR2E034 (9/01)