

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90009 030 \*\*\*150.00

**DOCUMENT # P01000090845**

**1. Entity Name**  
**GULF GARAGE DOOR, INC.**

**Principal Place of Business**  
**105 LAKEVIEW COURT N.E.**  
**MILLEDGEVILLE GA 31061**

**Mailing Address**  
**105 LAKEVIEW COURT N.E.**  
**MILLEDGEVILLE GA 31061**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**3040 CORAL STRIP PKWY.**

**3. Mailing Address**  
**3040 CORAL STRIP PKWY**

**Suite, Apt. #, etc.**  
**Gulf Breeze, FL**

**Suite, Apt. #, etc.**  
**GULF BREEZE, FL**

**City & State**  
**32563**

**City & State**  
**32563**

**4. FEI Number**  
**58-2652322**

**Applied For**  
**Not Applicable**

**Zip**  
**32563**

**Country**  
**USA**

**Zip**  
**32563**

**Country**  
**USA**

**5. Certificate of Status Desired**  
☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LYNCHARD, R. LANE**  
**1811 ALHAMBRA ST**  
**NAVARRE FL 32566**

**7. Name and Address of New Registered Agent**

**Name**  
**JAMES E. PEUGH**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**3040 CORAL STRIP PKWY.**  
**City**  
**GULF BREEZE**  
**State**  
**FL**  
**Zip Code**  
**32563**

**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**  
*James E. Peugh*

(NOTE: Registered Agent signature required when reinstating)

**DATE**  
**2/20/02**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>PEUGH, JIM E</b> <b>105 LAKEVIEW CT., N.E.</b> <b>MILLEDGEVILLE GA 31061</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>President</b> <b>JAMES E. PEUGH</b> <b>3040 CORAL STRIP PKWY.</b> <b>GULF BREEZE, FL 32563</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>

**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:** *James E. Peugh* **DATE:** **2/20/02** **DAYTIME PHONE #:** **850-916-3064**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)