

2002 UNIFORM BUSINESS REPORT (UBR)

8/21

FILED
Sep 02, 2002 8:00 am
Secretary of State

08-20-2002 90125 003 ***550.00

DOCUMENT # P01000100984

1. Entity Name
G & S CONSTRUCTION OF BREVARD, INC.

Principal Place of Business

**16 OLIVE STREET
 COCOA BEACH FL 32931**

Mailing Address

**16 OLIVE STREET
 COCOA BEACH FL 32931**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3754264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SHERPENSKY, GREG M
 16 OLIVE STREET
 COCOA BEACH FL 32931**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **D SHERPENSKY, GREG M**
 STREET ADDRESS **16 OLIVE STREET**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Delete
 NAME **D VANDERLINDEN, STEVE P**
 STREET ADDRESS **1485 SUNRISE DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

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 _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

CR2E034 (4/02)

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #