

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90138 043 ***150.00

0002980 AT

DOCUMENT # P01000116115

1. Entity Name
GULF COAST SHUTTER, INC.

Principal Place of Business

Mailing Address

~~265 SCENIC GULF DRIVE~~
DESTIN FL 32550

~~265 SCENIC GULF DRIVE~~
DESTIN FL 32550

358051



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

266 OKEECHOBEE COVE
 Suite, Apt. #, etc.

P.O. BOX 6757
 Suite, Apt. #, etc.

City & State

City & State

DESTIN, FL

MIRAMAR BEACH, FL

Zip
32541

Country

USA

Zip

32550

Country

USA

4. FEI Number

26-0006220

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMBREE, SCOTT J SR.

265 SCENIC GULF DRIVE
DESTIN FL 32550
32541

Name
SAME

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

266 OKEECHOBEE COVE

City
DESTIN

FL

Zip Code
32541

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

Signature of Scott J. Embree, Jr.
 (NOTE: Registered Agent signature required when reinstating)

04-23-02
 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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
PHILLIPS, LARRY G
265 SCENIC GULF DRIVE
DESTIN FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME
266 OKEECHOBEE COVE
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
EMBREE, SCOTT J SR.
265 SCENIC GULF DRIVE
DESTIN FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME
266 OKEECHOBEE COVE
DESTIN, FL 32541

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 of Scott J. Embree, Jr.
 SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-02
 Date

(850) 269-1066
 Daytime Phone #

CR2E034 (9/01)