

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90084 014 ***150.00

DOCUMENT # P02000040246

1. Entity Name
GULF COAST BUILDERS SOURCE INC.



Principal Place of Business
**4834 CANDIA STREET
CAPE CORAL FL 33904**

Mailing Address
**4834 CANDIA STREET
CAPE CORAL FL 33904**



2. Principal Place of Business
824 SE 47th Street
Suite, Apt. #, etc.
Suite # 1

3. Mailing Address
824 SE 47th Street
Suite, Apt. #, etc.
Suite # 1

City & State
Cape Coral FL

City & State
Cape Coral FL

Zip
33904

Country
Lee

Zip
33904

Country
Lee

CHECK HERE IF MAKING CHANGES

4. FEI Number
81-0547734

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

IZZO, DOMINICK V
4834 CANDIA STREET
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
824 SE 47th Street

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  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME IZZO, DOMINICK V	
STREET ADDRESS 2703 SW 54 TERR	
CITY-ST-ZIP CAPE CORAL FL 33914	
TITLE D T	<input type="checkbox"/> Delete
NAME FELL, DONALD K	
STREET ADDRESS 4834 CANDIA STREET	
CITY-ST-ZIP CAPE CORAL FL 33904	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Fell Donald K	
STREET ADDRESS 610 SW 22nd Terrace	
CITY-ST-ZIP Cape Coral, FL 33991	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0614706 AV

CRCE034 (10/02)