

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

3. Mailing Address

824 SE 47th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #1

Suite #1

City & State

Cape Coral FL

City & State

Cape Coral FL

Zip

33904

Country

Lee

Zip

33904

Country

Lee

4. FEI Number

81-0547734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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** ☐ Delete
NAME **IZZO, DOMINICK V**
STREET ADDRESS **2703 SW 54 TERR**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **DT** ☐ Delete
NAME **FELL, DONALD K**
STREET ADDRESS **4834 CANDIA STREET**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DT** ☒ Change ☐ Addition
NAME **Fell Donald K**
STREET ADDRESS **610 SW 22nd Terrace**
CITY-ST-ZIP **Cape Coral, FL 33991**

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

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/02)