05-05-2003 90194 005 ***150.00

FILED	
May 05, 2003	8:00 am
Secretary of	State

2003 FC	OR PRO	OFIT C	ORPORA	TION
UNIFORM	1 BUS	INESS	REPORT	(UBR)

P02000116361 DOCUMENT # 1. Entity Name

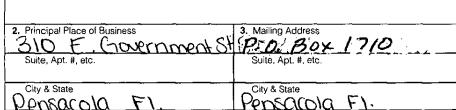
GULF STEEL ERECTORS, INC.

Principal Place of Business 310 E. GOVERNMENT STREET PENSACOLA FL 32501

Mailing Address

310 E. GOVERNMENT STREET

PENSACOLA FL 32501





CHECK HERE IF MAKING CHANGES

			_			
City & State	City & State		4. FEI Number	Applied For		
Pensacola FI.	IPensacola	<u>F1</u>	81-0578009	Not Applicable		
32501 Country	325 9 \	Country -	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			
		Name		<u> </u>		
GAVALETZ, SR., RICHARD E						
310 E. GOVERNMENT STREET		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32501						
		City	F	Zip Code		
8. The above named entity submits this state the obligations of registered agent.	atement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I an	n familiar with, and accept		
SIGNATURE						
Signature, typed or printed name of regi	stered agent and title if applicable. (NOTE	: Registered Agent signature requ	ired when reinstating) DATE			
FILE NOW!!! FEE IS \$15 After May 1, 2003 Fee will be			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Trust Fund Contribution.

Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TITLE ☐ Delete TITLE VICE PRESIDENT **X** Addition GAVALETZ, SR., RICHARD E CHARLES SIMMONS NAME NAME 310 E. GOVERNMENT STREET 4175 GLO ANN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP EIGHT MILE, AL 36613 SECRETARY / TREASURER TITLE ☐ Delete TITLE MECIA SIMMONS NAME NAME 4175 GLO ANN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ELCHT MILE, AL 36613 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplier ental leport 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 exprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE: