

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90177 007 ***550.00

DOCUMENT # P02000131934

1. Entity Name
GULF COAST BARN COMPANY, INC.



Principal Place of Business
3029 CANNONADE DRIVE
PENSACOLA FL 32506

Mailing Address
3029 CANNONADE DRIVE
PENSACOLA FL 32506



2. Principal Place of Business

3. Mailing Address

11718 CHANTICLEER CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

4. FEI Number

16-1653277

Applied For

Not Applicable

Zip

Country

32507

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKILLEN, ROBERT S
3029 CANNONADE DRIVE
PENSACOLA FL 32506

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **PRESIDENT** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **PRESIDENT** ☐ Change ☒ Addition
ROBERT S. SKILLEN
STREET ADDRESS **3029 CANNONADE DR**
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **V-PRESIDENT** ☐ Change ☒ Addition
JACK K. COURSEY
STREET ADDRESS **6450 MEADOW FIELD CIR**
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **V-PRESIDENT** ☐ Change ☒ Addition
EMERY B. NAUERT II
STREET ADDRESS **1307 DEXTER AVE**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Robert S. Skillen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/03

Date

850 982 0940

Daytime Phone #

CR2E034 (4/03)