

FILED

Jan 12, 2007 08:00 AM
Secretary of StateFOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P06000032625
1. Entity Name	
GULF COAST COUNTERTOPS, INC.	

DO NOT WRITE IN THIS SPACEU000000534815
01/12/07-80051-015 150.00

2. Principal Place of Business		3. Mailing Address	
7104 E. 9TH AVENUE		4034 NORTH DAVIS HIGHWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
TAMPA, FL		PENSACOLA, FL	
Zip	Country	Zip	Country
33614		32503	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number		Applied For
		20-4471109		Not Applicable
		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name		
		LISA BLACK		
		Street Address (P.O. Box Number is Not Acceptable)		
		4034 NORTH DAVIS HIGHWAY		
		City	FL	Zip Code
		PENSACOLA		32503

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

LISA BLACK

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

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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.

TITLE	DIRECTOR	TITLE	
NAME	BRAXTON, NEAL	NAME	
STREET ADDRESS	4087 BELL LANE	STREET ADDRESS	
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP	
TITLE	PRESIDENT	TITLE	
NAME	BRAXTON, BARBARA	NAME	
STREET ADDRESS	4087 BELL LANE	STREET ADDRESS	
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	BLACK, LISA	NAME	
STREET ADDRESS	5056 HARTLEY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-432-7895

Daytime Phone #