

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 18, 2000 8:00 am
Secretary of State

05-15-2000 90231 013 ***150.00

DOCUMENT # P93000041778

1. Entity Name

GULF-ATLANTIC BUILDERS AND DESIGNERS, INC.

Principal Place of Business

Mailing Address

P. O. BOX 607755
 ORLANDO FL 32860
 US

P. O. BOX 607755
 ORLANDO FL 32860-7755
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3188390

Applied For

Not Applicable

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

MAHOOD, WADE
2258 APOPKA BLVD.
APOPKA FL 32703

Name **Bill Martin**

Street Address (P.O. Box Number is Not Acceptable)
2258 Apopka Blvd.

Apopka, Florida 32703

City **Apopka, Florida** **FL** **32703**

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.

SIGNATURE **Bill Martin** / Pres.

04/26/00

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **MARTIN, BILL**
 STREET ADDRESS **2258 APOPKA BLVD.**
 CITY-STATE-ZIP **APOPKA FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

PRESIDENT/DIRECTOR
BILL MARTIN

☐ Change ☒ Addition

TITLE **VPD**
 NAME **MAHOOD, WADE**
 STREET ADDRESS **2258 APOPKA BLVD**
 CITY-STATE-ZIP **APOPKA FL 32703**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
 NAME **Denise Martin**
 STREET ADDRESS **2258 Apopka Blvd.**
 CITY-STATE-ZIP **Apopka, FL. 32703**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

DIRECTOR/ SEC.
DENISE MARTIN

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
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 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: **Bill Martin**

Bill Martin

04/26/00 407-886-5774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/99)