

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90129 012 \*\*\*150.00

**DOCUMENT # P93000074908**

1. Entity Name

**GULFCOAST MAINTENANCE & REMODELING, INC.**

Principal Place of Business

**16681 MCGREGOR BLVD.**

**SUITE 201**

**FT. MYERS FL 33908**

Mailing Address

**2875 PALM BEACH BLVD.**

**605C**

**FT. MYERS FL 33916**



2. Principal Place of Business

**2885 PALM BEACH BLVD.**

Suite, Apt. #, etc.

**APT. 404**

3. Mailing Address

**2885 PALM BEACH BLVD.**

Suite, Apt. #, etc.

**APT 404**

City & State

**FORT MYERS, FL.**

City & State

**Fort Myers, FL.**

Zip

**33916**

Country

**U.S.A.**

Zip

**33916**

Country

**U.S.A.**

4. FEI Number

**65-0460138**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WATKINS, JOHN J**

**WATKINS AND RAMUNNI P.A.**

**2222 2ND ST.**

**FT. MYERS FL 33901**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE **P** ☐ Delete  
NAME **DAVENPORT, FORRECT GORDON**  
STREET ADDRESS **2875 PALM BCH. BLVD. 605C**  
CITY-ST-ZIP **FT. MYERS FL 33916**

TITLE **D** ☐ Delete  
NAME **FAIELLA, MARIO P JR.**  
STREET ADDRESS **2828 JACKSON ST. #H3**  
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **D** ☒ Delete  
NAME **NERENBERG, ANDREW HARLEY**  
STREET ADDRESS **1440 S.E. 35TH ST.**  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **FOREST GORDON DAVENPORT**  
STREET ADDRESS **2885 PALM BEACH BLVD. APT 404**  
CITY-ST-ZIP **FORT MYERS, FL. 33916**

TITLE **D** ☒ Change ☐ Addition  
NAME **MARIO P. FAIELLA JR.**  
STREET ADDRESS **NE. 15TH ST**  
CITY-ST-ZIP **CAPE CORAL, FL. 33909**

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

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 an address, with all other like empowered.

SIGNATURE: **Mario P. Faiella Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-02**

Date

**941-691-7678**

Daytime Phone #

CR2E034 (9/01)