

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90073 011 ***150.00

DOCUMENT # P94000007263



1. Entity Name
GENERAL CONTRACTING SERVICES, INC.

Principal Place of Business
**100 SPYGLASS ALLEY
PLACIDA FL 33946**

Mailing Address
**100 SPYGLASS ALLEY
PLACIDA FL 33946**



2. Principal Place of Business
7460 SAWYER Circle
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 630
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Port Charlotte, FL

City & State
PLACIDA, FL

4. FEI Number **65-0461407**

Applied For

Not Applicable

Zip
33981

Country
USA

Zip
33946

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAMS, LAURIE
2815 PROCTOR ROAD
SARASOTA FL 34231**

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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **PST** ☐ Delete
NAME **MATZ, JOHN W SR.**
STREET ADDRESS **100 SPYGLASS ALLEY**
CITY-ST-ZIP **PHACIDA FL**

TITLE **V** ☐ Delete
NAME **MATZ, JEAN C**
STREET ADDRESS **100 SPYGLASS ALLEY**
CITY-ST-ZIP **PHACIDA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED JEAN C. MATZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/03 941.697.2047

CR2E034 (10/02)