

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90603 012 \*\*\*150.00

**DOCUMENT # P94000059924**

1. Entity Name

**GULF COAST RENOVATIONS, INC.**

Principal Place of Business

**3409 BLUE QUILL LANE  
TALLAHASSEE FL 32312**

Mailing Address

**P.O. BOX 5813  
TALLAHASSEE FL 32314**

2. Principal Place of Business

**2964 KILLEARN POINTE COURT**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TALLAHASSEE, FLORIDA**

City & State

Zip

**32312**

Country

**LEON**

Country

4. FEI Number

**59-3260053**

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

**RUTKOWSKI, WOJCIECH  
3409 BLUE QUILL LANE  
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name **RUTKOWSKI, WOJCIECH**

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

**2964 KILLEARN POINTE COURT**

City

**TALLAHASSEE**

**FL**

Zip Code

**32312**

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]*

**Wojciech Rutkowski**

**4-24-2002**

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 **RUTKOWSKI, WOJCIECH**  
STREET ADDRESS **3409 BLUE QUILL LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **RUTKOWSKI, WOJCIECH**  
STREET ADDRESS **2964 KILLEARN POINTE COURT**  
CITY-ST-ZIP **TALLAHASSEE, FLORIDA 32312**

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

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

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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:

*[Signature]* **Wojciech Rutkowski**

**4-24-02**

**850-933-1330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)