

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017426

1. Entity Name
GULFCOAST DECKING, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90002 005 ***150.00

Principal Place of Business

613 2ND ST.
#3
INDIAN ROCKS BEACH FL 33785-2607

Mailing Address

613 2ND ST.
#3
INDIAN ROCKS BEACH FL 33785-2607

2. Principal Place of Business

13499 88th AVENUE N

3. Mailing Address

13799 PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 108

City & State

SEMINOLE FLORIDA

City & State

SEMINOLE FLORIDA

Zip

Country

33776 PINELLAS

Zip

Country

33776 PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EANES, REBECCA
36426 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684

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, 2001..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 DVP
NAME EANES, JAMES
STREET ADDRESS 613 2ND ST., #3
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785-2607

TITLE DPT
NAME SULLIVAN, JOHN
STREET ADDRESS 613 2ND ST., #3
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785-2607

TITLE S
NAME MCKNIGHT, WILLIAM
STREET ADDRESS 430 5TH ST NW
CITY-ST-ZIP LARGO FL 33770

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 13499 88th AVENUE NORTH
CITY-ST-ZIP SEMINOLE FLORIDA 33776

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
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: *John J. Sullivan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. SULLIVAN

PRESIDENT 4/23/2001 727-596-3495
Date Daytime Phone #

CR2034 (10/00)