## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 14, 2002 8:00 am Secretary of State P95000028973 DOCUMENT # 1. Entity Name 08-14-2002 90024 042 \*\*\*550 00 GULF COAST INSULATION & GARAGE DOORS, INC. Principal Place of Business Mailing Address 1380 15TH ST WEST 1380 15TH ST WEST RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0572598 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARSHALL, FRY J Street Address (P.O. Box Number is Not Acceptable) 1051 NOKOMIS STREET **CLEARWATER FL 33755** City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE Delete TITLE HALL, EARNIE NAME NAME 1380 15TH ST WEST STREET ADDRESS STREET ADDRESS **RIVIERA BEACH FL 33404** CITY-ST-ZIP CITY-ST-ZIP **VS** ☐ Delete ☐ Change Addition TITLE DESILVA, ROBERT 1380 15TH ST WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME \_\_\_\_\_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Channe □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (4/02)

**FILED**