

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90233 033 ***150.00

DOCUMENT # P95000096287

1. Entity Name
GULF COMMUNICATION CONTRACTORS, INC.

Principal Place of Business
3590 US HWY 331S
STE 101
DEFUNIAK SPRINGS FL 32435
US

Mailing Address
3590 US HWY 331S
STE 101
DEFUNIAK SPRINGS FL 32435
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip **Country** **Zip** **Country**

4. FEI Number **59-3352274** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAMPBELL, JANET B
876 HILL ST.
DEFUNIAK SPRINGS FL 32433

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete
NAME	CAMPBELL, JANET B
STREET ADDRESS	876 HILL ST.
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433
TITLE	S <input type="checkbox"/> Delete
NAME	CAMPBELL, KIMBERLY
STREET ADDRESS	351 NITA DRIVE
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433
TITLE	VP <input type="checkbox"/> Delete
NAME	CAMPBELL, BOB
STREET ADDRESS	876 HILL ST
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433
TITLE	T <input type="checkbox"/> Delete
NAME	HICKS, STEVE A
STREET ADDRESS	301 EDGEWOOD ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bob Campbell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002 *850-951-1117*
 Date Daytime Phone #

CR2E034 (9/01)