

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097277

1. Entity Name

GULFCOAST PLUMBING CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90020 036 ***150.00

Principal Place of Business

4023 SAWYER RD
201
SARASOTA FL 34232
US

Mailing Address

4023 SAWYER RD
201
SARASOTA FL 34233-3401
US

2. Principal Place of Business

5324 Ashton Ct.
Suite, Apt. #, etc.

3. Mailing Address

5324 Ashton Ct.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

65-0629070

Applied For

Not Applicable

Zip

Country

34233

Zip

Country

34233

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARMON, MICHAEL
~~4023 SAWYER RD~~
~~201~~
SARASOTA FL 34232

Name

Harmon Michael

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

5324 Ashton Ct.

City

SARASOTA

FL

Zip Code

34233

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

Michael Harmon

4-18-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	HARMON, MICHAEL	
STREET ADDRESS	4023 SAWYER RD #201	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President, Vice, Sec. Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harmon, Michael	
STREET ADDRESS	5324 Ashton Ct	
CITY-ST-ZIP	SARASOTA FL 34233	
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:

Michael Harmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-18-2000

Daytime Phone #

941-
921-3505