

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90166 041 ***150.00

DOCUMENT # P96000021386

1. Entity Name

GORCYN CONSTRUCTIONS, INC.

Principal Place of Business

3676 WEBBER ST
 SARASOTA FL 34232
 US

Mailing Address

3676 WEBBER ST
 SARASOTA FL 34232-4413
 US

2. Principal Place of Business

3440 CLARK RD
 Suite, Apt. #, etc.

3. Mailing Address

3440 CLARK ROAD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FLORIDA

City & State

SARASOTA FLORIDA

4. FEI Number

65-0648996

Applied For

Not Applicable

Zip

34231

Country

SARASOTA

Zip

34231-8406

Country

SARASOTA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WARREN, ALAN
 5918 GOLDEN ROAD
 SEBRING FL 33872

7. Name and Address of New Registered Agent

Name

EAS Accounting Solutions, Inc

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

2800 PLACIDA ROAD, SUITE 111,

City ENGLEWOOD

FL

Zip Code

34224

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

Alan Warner Eas Acc.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GREENWOOD, GORDON	
STREET ADDRESS	361 MCLEOD ST	
CITY-ST-ZIP	CAIRNS, QLD 4870	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENWOOD, CYNTHIA	
STREET ADDRESS	361 MCLEOD ST	
CITY-ST-ZIP	CAIRNS, QLD 4870	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3440 CLARK RD
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3440 CLARK RD
CITY-ST-ZIP	SARASOTA FL 34231
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:

Alan Warner Eas Acc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. 27. 00 (941) 926 0930

Date

Daytime Phone #