2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600034384

BOYD, PATRICIA J

SIGNATURE

(See criteria on back)

9292 ST CATHERINE AVE ENGLEWOOD FL 34224

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

GULF COAST PAINTING & DECORATING, INC.

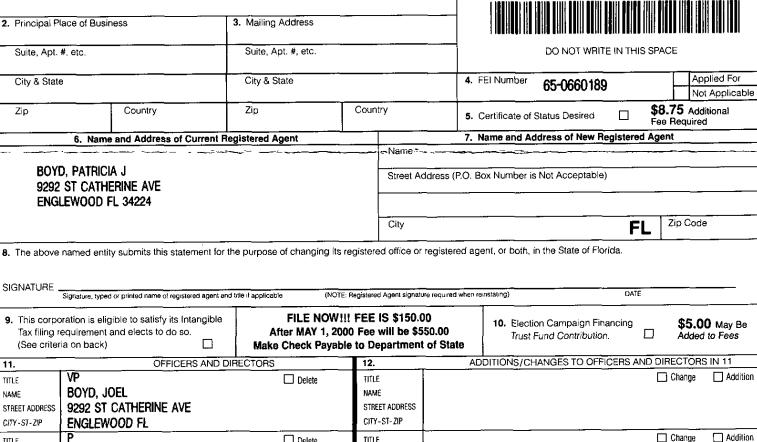
Mailing Address Principal Place of Business SESE ST CATHERINE AVE 9292 ST CATHERINE AVE ENGLEWOOD FL 34224-8409 EIRER WOOD FL 34224 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

FILED Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90143 029 ***150.00



ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE BOYD, JOEL NAME NAME 9292 ST CATHERINE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL** ☐ Delete TITLE BOYD, PATRICIA J NAME NAME STREET ADDRESS 9292 ST CATHERINE AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ENGLEWOOD FL** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Name :--

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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 custee 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

OFFICER OR DIRECTOR