

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0551947 AV

04-28-2003 91289 049 \*\*\*150.00

**DOCUMENT # P96000034384**

1. Entity Name  
**GULF COAST PAINTING & DECORATING, INC.**



Principal Place of Business  
**9292 ST CATHERINE AVE  
ENGLEWOOD FL 34224**

Mailing Address  
**9292 ST CATHERINE AVE  
ENGLEWOOD FL 34224**

**11023502**



2. Principal Place of Business  
**9292 ST CATHERINE AVE**  
Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES

City & State  
**ENGLEWOOD, FL**

City & State  
**ENGLEWOOD, FL**

4. FEI Number **65-0660189**

Applied For  
 Not Applicable

Zip **34224** Country **U.S.A**

Zip **34224** Country **U.S.A**

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**

**BOYD, PATRICIA J  
9292 ST CATHERINE AVE  
ENGLEWOOD FL 34224**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **VP**  Delete  
NAME **BOYD, JOEL**  
STREET ADDRESS **9292 ST CATHERINE AVE**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P**  Delete  
NAME **BOYD, PATRICIA J**  
STREET ADDRESS **9292 ST CATHERINE AVE**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **PATRICIA J. BOYD** PRESIDENT **04/25/03 941 4756000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)