

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90044 038 ***150.00

DOCUMENT # P96000085781

1. Entity Name

GULF COAST BRICK PAVERS, INC.

Principal Place of Business

**11503 WHISPERING HOLLOW DRIVE
TAMPA FL 33635
US**

Mailing Address

**11503 WHISPERING HOLLOW DRIVE
TAMPA FL 33635
US**

2. Principal Place of Business

3. Mailing Address

8905 McRAE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

4. FEI Number

59-3405549

Applied For

Not Applicable

Zip

Country

Zip

Country

33637

USA

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

**DOS SANTOS, JOSE A
11503 WHISPERING HOLLOW DR
TAMPA FL 33635**

Name **DOS SANTOS JOSE A**
Street Address (P.O. Box Number is Not Acceptable)
8905 McRAE RD
City **TAMPA** FL Zip Code **33637**

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

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

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

04-25-02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DOS SANTOS, JOSE A**
CITY-ST-ZIP **11503 WHISPERING HOLLOW DRIVE
TAMPA FL 33635**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

04-25-02 813-852984

Date

Daytime Phone #

CR2E034 (9/01)