

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010513

1. Entity Name  
GULF TO BAY CONSTRUCTION, INC.

Principal Place of Business  
14370 MCGREGOR BLVD.  
FT. MYERS FL 33919

Mailing Address  
14370 MCGREGOR BLVD.  
FT. MYERS FL 33919

2. Principal Place of Business  
15870-3 Pine Ridge Rd  
Suite, Apt. #, etc.

3. Mailing Address  
15870-3 Pine Ridge Rd  
Suite, Apt. #, etc.

City & State  
Ft Myers, FL  
Zip 33908  
Country

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Ft Myers, FL  
Zip 33908  
Country

4. FEI Number 65-0726443  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CLAYPOOL, CHRISTOPHER  
14370 MCGREGOR BLVD.  
FT. MYERS FL 33919

## 7. Name and Address of New Registered Agent

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.

SIGNATURE *Christopher Claypool*  
Signature, typed or printed name of registered agent and fee 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D CLAYPOOL, CHRISTOPHER 14370 MCGREGOR BLVD. FT. MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Christopher Claypool*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Claypool 4-30-01 (941) 454-4880  
Date Daytime Phone #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90042 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)