

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P97000025626

1. Entity Name

GULF COAST PAINTING OF NORTH FLORIDA, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90136 012 \*\*\*150.00

Principal Place of Business

Mailing Address

1603 N. MARTIN LUTHER KING BLVD.  
TALLAHASSEE FL 32303  
US

1573 TWIN LAKES CIRCLE  
TALLAHASSEE FL 32311-0603  
US

2. Principal Place of Business

1573 TWIN LAKES CIRCLE

3. Mailing Address

3424 N. Carnation Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Tallahassee, FL

4. FEI Number

59-3440001

Applied For

Not Applicable

Zip

32311

Country

LEON/USA

Zip

32303

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, LARRY S  
200-A JOHN KNOX ROAD  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

ROBERT J. SORRENTI

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

1573 TWIN LAKES CIRCLE

TALLAHASSEE,

City

FL

Zip Code

32311

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

ROBERT J. Sorrenti

Robert J. Sorrenti

5/25/00

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	PSTD	<input type="checkbox"/> Delete
NAME	SORRENTI, ROBERT	
STREET ADDRESS	1523 TWIN LAKES CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HURT, FRANKLIN J	
STREET ADDRESS	3424 N CARNATION COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
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 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	V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAINEY, DAVID WALLACE	
STREET ADDRESS	10093 SPRINGSINK RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
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:

ROBERT J. SORRENTI

4-25-00

850-566-3892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)