

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90078 023 ***150.00

DOCUMENT # P97000052759

1. Entity Name
GULFSTREAM POOL BUILDERS, INC.



Principal Place of Business
**316 FROG HOLLOW ROAD
ORANGE PARK FL 32073
US**

Mailing Address
**316 FROG HOLLOW ROAD
ORANGE PARK FL 32073
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3454111

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BASFORD, MICHAEL
24 N MARKET STREET SUITE 404
JACKSONVILLE FL 32202**

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

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

(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 ☐ Delete
NAME **D**
STREET ADDRESS **YANCEY, KENNETH E JR**
CITY-ST-ZIP **4616 FREMONT STREET
JACKSONVILLE FL 32210**

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

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CITY-ST-ZIP

12. I hereby certify that the information supplied on this report or supplemental of the corporation or the receiver or trust changed, or on an attachment with an

ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empowered.

SIGNATURE:

SKEN
SIGNATURE AND TITLE

REQUIRED
NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-03 904-398-884

CR2E034 (10/02)