

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90034 035 ***150.00

DOCUMENT # P97000059564

1. Entity Name

GULF COAST CUSTOM HOMES, INC.

Principal Place of Business

Mailing Address

2583 CR 444
LAKE PANASOFFKEE FL 33538

P.O. BOX 500
LAKE PANASOFFKEE FL 33538-0500

2. Principal Place of Business

18140 BENES ROUSH RD

3. Mailing Address

18140 BENES ROUSH RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BROOKSVILLE FL.

City & State
BROOKSVILLE FL

4. FEI Number 65-0798972

Applied For
Not Applicable

Zip
34609

Country

Zip
34609

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

WILSON, WILLIE F SR.
2583 CR 444
LAKE PANASOFFKEE FL 33538

Name

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

18140 BENES ROUSH RD

City

BROOKSVILLE

FL

Zip Code

34609

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 WILLIE F. WILSON SR.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, WILLIE F SR.	
STREET ADDRESS	2583 CR 444	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, WILLIE F JR.	
STREET ADDRESS	2583 CR 444	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILSON, HILDA M	
STREET ADDRESS	2583 CR 444	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18140 BENES ROUSH RD.	
STREET ADDRESS	BROOKSVILLE, FL 34609	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18140 BENES ROUSH RD.	
STREET ADDRESS	BROOKSVILLE, FL 34609	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18140 BENES ROUSH RD.	
STREET ADDRESS	BROOKSVILLE, FL 34609.	
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: Hilda M. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-2000 (35) 799-6339

Date

Daytime Phone #

CR2E034 (9/99)