## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000073666** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name GULF COAST DOORS, WINDOWS & VINYL SIDING, INC. 04-11-2000 90167 004 \*\*\*150.00 Principal Place of Business Mailing Address 5800 NORTH 'W' ST., STE, #1 5800 NORTH 'W' ST., STE, #1 PENSACOLA FL 32505-2207 PENSACOLA FL 32505 C0057297 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FE! Number Applied For City & State 59-3463391 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STURGEN, WILLIAM M JR Street Address (P.O. Box Number is Not Acceptable) 2253 COUNTRY PLACE CIRCLE PENSACOLA FL 32534-9501 Zip Code City 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. 3,70-00 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete TITLE TITLE D/P/T DANIEL J. Speranzo 5608 Eight Mile Creek Rd. SPERANZO, DANIEL J NAME NAME 6853 CEDAR RIDGE DR. STREET ADDRESS STREET ADDRESS Pensacola, PENSACOLA FL 32526-9494 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE Sherry D Speranzo 8608 Eight Mile Creek SPERANZO, SHERRY D NAME NAME 6853 CEDAR RIDGE DR. STREET ADDRESS STREET ADDRESS Pensacola Fl 32526 PENSACOLA FL 32526-9494 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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:

850-45

Daytime Phone #

-477-4544