

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073666

1. Entry Name

GULF COAST DOORS, WINDOWS & VINYL SIDING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90246 041 ***150.00

Principal Place of Business

5800 NORTH 'W' ST., STE. #1
PENSACOLA FL 32505

Mailing Address

5800 NORTH 'W' ST., STE. #1
PENSACOLA FL 32505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE. Number 59-3463391

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

STURGEN, WILLIAM M JR
 2253 COUNTRY PLACE CIRCLE
 PENSACOLA FL 32534-9501

7. Name and Address of New Registered Agent

Name

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

City

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

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

(NOTE: Registered Agents provide services when submitting)

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-STATE-ZIP	DPT SPERANZO, DANIEL J 8608 EIGHT MILE CREEK ROAD PENSACOLA FL 32526	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVPS SPERANZO, SHERRY D 8608 EIGHT MILE CREEK ROAD PENSACOLA FL 32526	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

850-477-4544

CR2EC04 (10/00)