

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082499

1. Entity Name

GULF COAST SHUTTER REPAIR INC.

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90007 025 ***150.00

Principal Place of Business

Mailing Address

907 HANCOCK BRIDGE PKWY
CAPE CORAL FL 33990
US

907 HANCOCK BRIDGE PKWY
CAPE CORAL FL 33990
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

601 NW 6th St.

601 NW 6th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cape Coral FL

City & State
Cape Coral FL

4. FEI Number 65-0778279

Applied For
Not Applicable

Zip
33993

Country
Lee

Zip
33993

Country
Lee

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

BAUMANN, KEITH
907 HANCOCK BRIDGE PKWY
CAPE CORAL FL 33990

Name

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

601 NW 6th St

City

Cape Coral

FL

Zip Code

33993

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 title if applicable

(NOTE: Registered Agent's 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 PD
NAME BAUMAN, KEITH
STREET ADDRESS 907 HANCOCK BRIDGE PKWY
CITY-ST-ZIP CAPE CORAL FL 33990

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME BAUMAN, DENISE
STREET ADDRESS 907 HANCOCK BRIDGE PKWY
CITY-ST-ZIP CAPE CORAL FL 33990

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00 (941) 461-0855