

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000072829****1. Entity Name**
GUNITE & STRUCTURAL, INC.**Principal Place of Business****3900 SW 54 AVE**
DAVIE FL 33314**Mailing Address****3900 SW 54 AVE**
DAVIE FL 33314**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 257, 4611 S. University Dr**PMB 257, 4611 S. University Dr**City & State
DAVIE, FLCity & State
DAVIE, FLZip
33328Country
BrowardZip
33328Country
Broward**6. Name and Address of Current Registered Agent****BUCKLEY, ROBERT V**
3900 SW 54 AVE
DAVIE FL 33314**4. FEI Number 65-0858559**Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****7. Name and Address of New Registered Agent**

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.**SIGNATURE**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** ☐ Delete
D
BUCKLEY, ROBERT V
3900 SW 54 AVE
DAVIE FL 33314**TITLE** ☐ Delete
D
BUCKLEY, STEPHEN P
3900 SW 54 AVE
DAVIE FL 33314**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Change ☐ Addition
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CITY - ST - ZIP**TITLE** ☐ Change ☐ Addition
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CITY - ST - ZIP**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Buckley

Date

1/4/01 (954) 583-3422

Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90024 015 ***150.00

001000



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)