

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028738

1. Entity Name

GULF COAST FLOOR AND WALL, INC.

Principal Place of Business

1104 N COLLIER BLVD
MARCO ISLAND FL 34145

Mailing Address

1104 N COLLIER BLVD
MARCO ISLAND FL 34145

2. Principal Place of Business

4303 Exchange Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Naples FL

City & State

4. FEI Number 59-3586951

Applied For
Not Applicable

Zip
34104

Country

Collier

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREUSEL, JAMIE B
1104 N COLLIER BLVD
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

Bill Pascale

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

4303 Exchange Ave

City

Naples

FL

Zip Code

34104

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

Jamie B Greusel

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GREU
SEL, JAMIE B
1104 N COLLIER BLVD
MARCO ISLAND FL 34145 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
BILL PASCALE
4303 EXCHANGE AVE
NAPLES, FL 34104 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

Date

941-394-1171

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

A0029717

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90093 004 ***150.00