

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99000044431

1. Entity Name

GULFCOAST DOOR & GLASS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 AM 9:44

Principal Place of Business Mailing Address
928 Northeast 9th Street 928 Northeast 9th Street
Cape Coral, FL 33990 Cape Coral, FL 33990

2. Principal Place of Business 3. Mailing Address
1228-A Viscaya 1318 Lafayette St.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Cape Coral, FL Cape Coral, FL

Zip Country Zip Country
33990 USA 33904 USA

4. FEI Number 65 0919010 Applied For
Not Applicable

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

Spiegel & Utrera, PA
343 Almeria Avenue
Coral Gables, FL 33134

Name
Thomas W. Hill
Street Address (P.O. Box Number is Not Acceptable)
1318 Lafayette St.
City Cape Coral, FL Zip Code
33904

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 Thomas W. Hill 12/21/00
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

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 NAME STREET ADDRESS CITY-ST-ZIP	D/P John Wright 1228-A Viscaya Cape Coral, FL 33990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003536417--6 -01/12/01--01104--001 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: John Wright 12/21/00 941-549-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #