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FILED

2003 FOR PROFIT CORPORATION

UN	IIFORM B	USINES	SS REPOR	3T (I	UBR)		Mar 19, 1				
DOCUMENT # P9900044431							Secretary of State					
GULFCOAST DOOR & GLASS, INC.								03-19-2003 9	01 / 3 033	130).00	
Principal Place of Business 1228-A VISCAYA CAPE CORAL FL 33990			Mailing Address -1318-LAFAYETTE-STREET GAPE-GORAL-FL-33304-					(11 1111 21 1111 1 11111 1		111 6 1 11 6 1 1 61	
Principal Place of Business 1228-A Viscaya Parkway Suite, Apt. #, etc.			3. Mailing Address 1228-A Viscaya Parkway Suite, Apt. #, etc.									
City & Sta	oral, FL		City & State	n			4. FEII	54 CHECK HERE IF Number 65-0919010	MAKING CF	Aş	oplied For	
Zip 33990	Country U.S.		Cape Coral, F 33990	Coun U.S	itry		5. Cert	ificate of Status Desired	□ \$8.	.75 Add	ot Applicable ditional	
6. Name and Address of Current Registered Agent							7. Nam	e and Address of New Rec				
HILL, TH		· · · · · · · · · · · · · · · · · · ·	-	- · ·		Wrig	ht,	President Number is Not Acceptable)	र केर्रे का के ळ			
	PAL FL-33904		• •		1550)-A V1:	scaya	a rarkway	75.1.1			
			,			,			FL	- 1 33770		
the obliga	a named entity submits thi tions of registered agent. John Wright, I signature, typed or printed name or	resident	John 1	Ny	th.	r registered	تسا	or both, in the State of Florid	3	iar with, 17/0	03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					- I gom org. in	55 544 E		9. Election Campaign Finar Trust Fund Contribution.			0 May Be to Fees	
10.		FICERS AND DIF	RECTORS	11.			ADDITI	ONS/CHANGES TO OFFIC	ERS AND DIR	ECTOR!	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, JOHN 1228-A VISCAYA CAPE CORAL FL 339	1 9 0	☐ Delete			T= Treasurer Paul H. Lindstrom 1228-A Viscaya Parkway Cape Coral, FL 33990				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREE		Joapo	0010	11))))		Change	☐ Addition	
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TITLE NAME	1,-1		☐ Delete	TITLE						Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| Alt | A

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP