

2000 UNIFORM BUSINESS REPORT (UBR)

3/4

FILED
May 16, 2000 8:00 am
Secretary of State

03-04-2000 90117 017 ***150.00

DOCUMENT # P99000074086
 1. Entity Name
G & L SHELL CONTRACTORS, INC.

Principal Place of Business Mailing Address
 9220 NW 2ND ST 9220 NW 2ND ST
 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-6903

2. Principal Place of Business 3. Mailing Address
12701 Eagle Pointe Circle **12701 Eagle Pointe Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort Myers, FL **Fort Myers, FL**
 Zip Zip Country Country
33913 **33913** **USA** **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUATELA, GEORGE
 9220 NW 2ND ST
 CORAL SPRINGS FL 33071

Name: **Quatela, George**
 Street Address (P.O. Box Number is Not Acceptable): **12701 Eagle Pointe Circle**
Ft. Myers, FL 33913
 City: **Ft. Myers** State: **FL** Zip Code: **33913**

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: George Quatela, President George Quatela 2-29-2000
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, 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

TITLE	President	<input type="checkbox"/> Delete
NAME	George Quatela	
STREET ADDRESS	12701 Eagle Pointe Circle	
CITY-ST-ZIP	Ft. Myers, FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	LARRY YINSON	
STREET ADDRESS	435 12th Ave. N.W.	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: George Quatela 2/29/2000 941-641-4297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)