2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P99000074086 G & L SHELL CONTRACTORS, INC. 01-30-2001 90022 042 ***150.00 Principal Place of Business Mailing Address 12701 EAGLE POINTE CIRCLE 12701 EAGLE POINTE CIRCLE FORT MYERS FL 33913 FORT MYERS FL 33913 908159 2. Principal Place of Business 3. Mailing Address 194 Trinidad Street 194 Trinidad Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0945040 Not Applicable NAples Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u> 34113</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen Name George Quatela QUATELA, GEORGE Street Address (P.O. Box Number is Not Acceptable) 12701 EAGLE POINTE CIRCLE FORT MYERS FL 33913 Naples 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. agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE George Quatela 194 Trinidad Street QUATELA, GEORGE NAME NAME STREET ADDRESS 12701 EAGLE POINTE CIRCLE STREET ADDRESS NAPles, FL 34/13 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33913 TITLE ☐ Delete ☐ Addition LARRY VINSON NAME Y)NSON, LARRY NAME 2044 AUE N.W. STREET ADDRESS 435 12TH AVE NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34120 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.