

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096674

1. Entity Name

GULF WINDS CONSTRUCTION, INC.

FILED

00 JUN 22 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5380 ANTHONY AVE.
MILTON FL 32570

Mailing Address

5380 ANTHONY AVE.
MILTON FL 32570-8061

2. Principal Place of Business

525 W. Michigan Ave
Suite, Apt. #, etc.

3. Mailing Address

525 W. Michigan Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

593610977

Applied For

Not Applicable

Zip

32526

Country

Escombria

Zip

32526

Country

Escombria

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

VAUGHN, ROGER B
5380 ANTHONY AVE.
MILTON FL 32570

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS VAUGHN, ROGER B
CITY-ST-ZIP 5380 ANTHONY AVE.
MILTON FL 32570

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: Roger B. Vaughn Roger B. Vaughn 4-28-00 (850) 431-6694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/98)