

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096674

1. Entity Name
GULF WINDS CONSTRUCTION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -5 PM 4:39

Principal Place of Business
4201 N. PALAFOX
PENSACOLA FL 32503

Mailing Address
5380 ANTHONY AVE
MILTON FL 32570

2. Principal Place of Business
4201 N. Palafox St
3. Mailing Address
4201 N. Palafox St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola FL

City & State
Pensacola FL 32505

4. FEI Number 59-3610977

Applied For
Not Applicable

Zip 32505 Country Escambia

Zip 32505 Country Escambia

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1/2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. VAUGHN, ROGER B 5380 ANTHONY AVE. MILTON FL 32570	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAMBERLAIN, BRIAN 110 HIGH PINE DR PENSACOLA FL 32503	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERKINS, RANDY 111 VAUGHN AVE PENSACOLA FL 32533	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2034 (10/02)